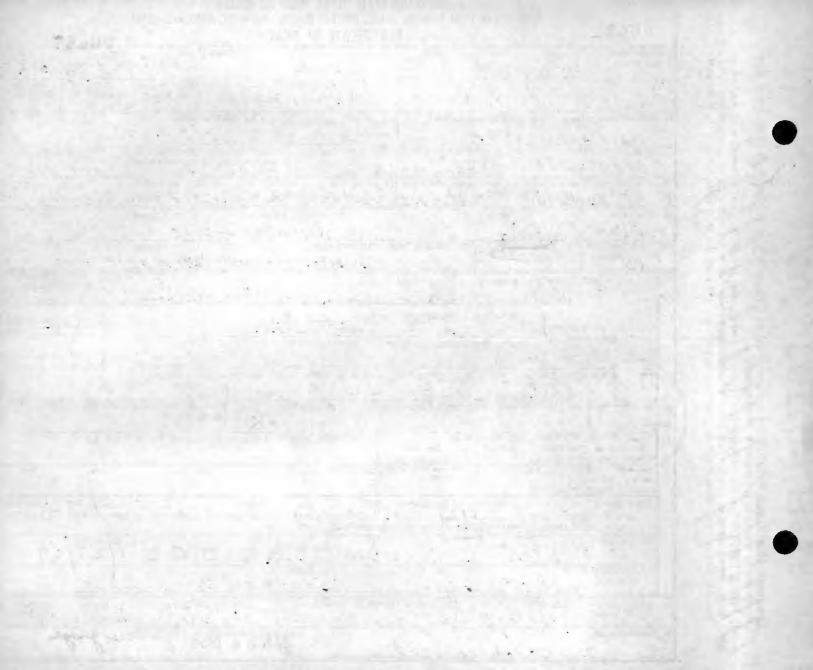
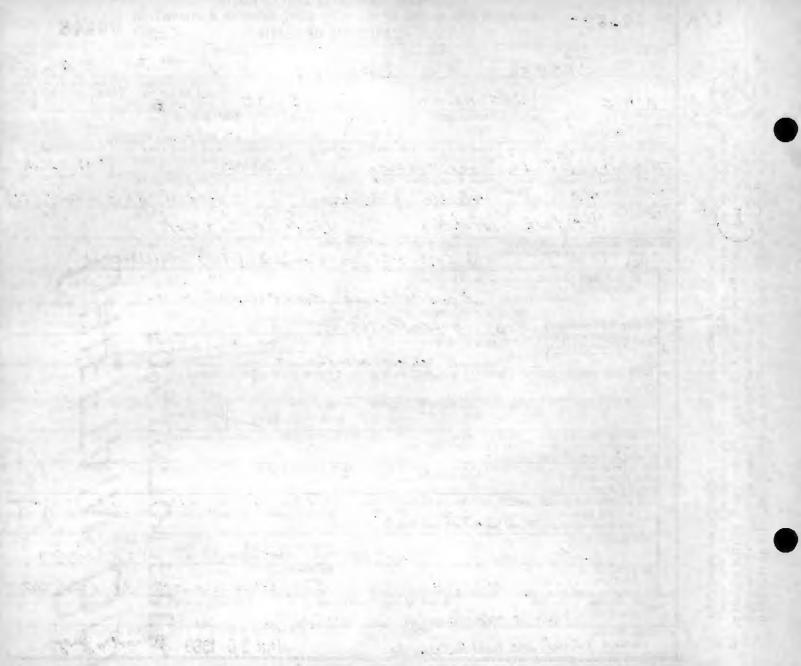
			IV.	IARYLAND STA	TE DEPARTMEN	NT OF HEALTH			
2		A A A 20 14	DIVISION OF VITAL	RECORDS, 301 W	. PRESTON STREE	ET, BALTIMORE,	MARYLAND 21201		
		00451		CERTI	FICATE OF D	EATH		00447	F
# _2#		CEASED-NAME First		Middle	Lost	20. DA1	E OF DEATH	/ "	2b. HOUR
urs after death yy the funeral Pages 1 and 2 ours after death	(1	(pe or print)	A		LAN G		Month Do	2/69	60 P. M
s lur	3. SE	,	4. RACE		S. DATE OF BIRTI		6. AGE (In years lost birthday)		UNDER 24 HRS.
the age	10	emale	white		2/15/	72	96 YRS.	MONITS DATE I	louk) min
0 1	7o. E	IRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUN	INAKI	RIED NEVER MARRIE	TU I	OF DEATH		
per n		Mary land	USA-		WED DIVORCE	100	altimer		Md.
秦 華 章 QA	10. 0	TY OR TOWN OF DEATH	give street odd	OSPITAL OR INSTITUTION	(If not in hospitol	during most of wor	IION (Kind of work done king life, even if retired.)	12b. KIND OF BUINDUSTRY	1 .
The second secon	6	di ouzai.	Shan	gri-La		HOUSE	WOYE	ownt	TOMO
completely filled ove carbon paper y event, within 7	odmi	USUAL RESIDENCE (Where deceo) 13b. COUNTY /	lence before 13c. CII		L INSIDE CITY LIMITS? 13	231 Maple	0	
con con	14.	ATHER'S NAME First	Middle	Lost	(41 h)		Middle	1416	Lost
and ren	U	entilton DI	Call	F021	15. MOTHER'S MAID	en name riisi	middle		1031
te b ian ian ind	160.	WAS DECEASED EVER IN U.S. ARJ	MED FORCES? 16b. SOC	IAL SECURITY NO.	17. INFORMANT	milion >	Address		
ertificate be exe physician and c nen please remo toval, and in any	Y	es, ng, or unknown) (If yes give v	ver or dates of service)		Wilhelming	a Connelly	1231 Magi	ie Ave	
cert g pt Ther mov		18. CAUSE OF DEATH (Enter on	ty one couse per line for (o)	(b), ond (c),)		4 (0	^	APPROXIMATI	E INTERVAL
ath ndin it.		PART I, DEATH WAS CAUSE		annin	erne C	of the	restur	Stringer on a	I AND SERIE
affer on, o		1541	DUE TO, OR AS A CONS	SEQUENCE OF	Λ	T		10	
the sit partition		Conditions, if any, which gove rise to immediate couse (a),	(b) 1	ntts,	melas	tonis		Con	-ently
thai an. by rans rren		stoting the underlying couse	DUE TO, OR AS A CON	SEQUENCE OF					
equires that the death ce physician. signed by the attending burial-transit permit. Th burial, cremation, or rem	Н	lost.	(c)	A STATE OF THE STA	Andrew Street,				
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h be retained by the hospital or attending physician. SIRECTOR: After this certificate has been signed by the attending physician and completely filted in e 3 should be detached for use as the burial-transit permit. Then please remove carbon papers ed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 h		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO	DEATH BUT NOT RELAT	ED TO THE TERMINAL D	ISEASE OR CONDITION	GIVEN IN PART I(o)		
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tren from as by as	CERTIFICATION	190. DATE OF OPERATION 19D.	COMDITION FOR WHICH OPEK	ATION WAS PERFORMED	YES T		AUSES OF DEATH?	טאטוטנאנט וא ננאן.	IIFTING
at the second of	CERT	21a. ACCIDENT WAS UNDERLYII	NG 1216. TIME OF INJURY	12	hand .		injury in Port 1 or Port 2,	Item 181	
Tral for for file	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. Month	Doy Yeor	10000	ter ferror rotoro or	11,017 11 1011 1 07 1011 2,	110111 10.7	
S PHYSICIAI the hospital this certifica detached fou	MED	21d. INJURY OCCURRED 21e	PLACE OF INJURY / AT HOME,	FARM, STREET, FACTORY.) 2 FLDING, ETC.	If. LOCATION Street of	or R.F.D. No.	City or Town	County	Stote
PH he h this erface Deg		While Not while of work	OFFICE BU	ILDING, ETC.	1	,	1		
ING ter to the d		22a. I certify that((I))(th	is hospital) attended t	he deceosed from	11/2	, 19_68, to	1/22, 19	69, that((i	i))(we) last
END ed l ed l he S		saw the deceased o	live an (1) (we) (did) (did no	3 1967	ond that in (my)	(our) opinian dec	ith occurred an the do	ate and hour on	id from the
OR ATTEND be retained bIRECTOR: A pe 3 should led with the 8		22b. SIGNATURE	(1) (we) (did (dia ho)	Twiew the body di	1 6 9		22c	DATE SIGNED	,
d w		TI	local H	Nenel	DEGREE , PHYL	MED. DIRECTOR	STAFF D	123/6	9
AL on the pool of the file		22d. PHYSICIAN'S	(= (The state of the s	22e. ADDRE	22			
SPIT 4 m d be		NAME (Type) Herbe	ert J. Lavie	K 45	540	4 East	Drive 21	227	
TO HOSPITAL OR ATTENDING PHYSICIAN: The faw rapage 4 may be retained by the hospital or affending to FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	230.	BURIAL, CREMATION, 23b. REMOVAL (Specify)	DATE /28/69 2	C NAME OF CEMETER			CATION (City or Town)	(County)	(Stote)
5 5 5 s	12	4 1 1 1 1 1	128/69	ADDRESS	s Cometo	F/ K//		oward 1	HC.
VR AL THE	24	FUNERAL DIRECTOR	045.11.	- 12.2	2	JAN 2 4	969 256 REGISTRARY	The state of the s	• 1
Source of Mark	111	merise his 15.	ZX Julphur -	P. 1-0.	10	JAIL	74	4	



XX		MAKYLAND STATE DEPARTMENT OF HEALTH
1/4		00452 · DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
•, (CERTIFICATE OF DEATH 00448
로 _ 8로		ECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR
death.		Type or print) Joseph W Lashler / Manth /7 Doy Year (2) 4:40 M
E - E	3. 5	
# (1) A #		MALE CANCASIAN 3-24-10 Idest birthday) ANN MONTHS DAYS HOURS MIN
haurs S. Ped S. haurs	70	
ha ha		ntry) Manufand USA WIDOWED DIVORED D
nin 24 h filled in papers, thin 72 h	10.	CITY OR TOWN OF DEATH COT ON S 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR
within 24 filled i ban paper , within 72	-	MAKY And VILL give street address) Haven during most of working life, even if retired.) MOUSTEN textiton
cuted v	130	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d MISIOE CITY LIMITS? 13e. STREET AND NUMBER 15b. COUNTY 15c (17) LIMITS?
to 8 30	-	ISSON) STATE Md 186. COUNTY BAKKER Baltimore YES NO 1403 U. BALTIMOREST. (23)
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after etained by the hospital or attending physician. CTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then pleas remove carbon papers. Edge, I with the State Dept. af Health priar to burial, cremation, ar removal, and in any event, within 72 haurs offer.	14.	FATHER'S NAME WEITST YNE Middle Lost 15. MOTHER'S MAIDEN NAME. First LYNCH Middle Lost
icate /sician pleas	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 16 J. O. 11. INFORMANT Address
ertificat physici ten ple aval, ar	L	Yes, no, or unknown) (1) yes give war or dates of service) 215-10-13+15 Mrs Helen Laskley 1403 W Baltimore St
e death ce attending I permit. Th	м	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
re death attendir permit. ian, ar re		IMMEDIATE CAUSE (a) BRANCHOCFWIRE CORRELAMENTE CU 191
affe d		162 DUE TO, OR AS A CONSEQUENCE OF
if the the sit partition		Conditions, if any, which gove) (b) METASTASIS
hhai by can ren	L	rise to immediate cause (a). stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF
sicional de la company de la c		lost. (c) PRE Upono NIETS
The law requires tha attending physician. has been signed by se as the burial-tran th priar ta burial, crer	П	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
on see the best of	2	
ber the right	ATIO	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The law ratending attending has been se as the hariarta	CERTIFICATION	YES NO CAUSES OF DEATH?
are or use		21c. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)
CIA Figure 1	MEDICAL	OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Day Year 19 P.M. 19
YSI losp cert cert ched	MED	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREEF, FACTORY.) 21f. IOCATION Street or R.F.D. No. City or Town County State
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certific Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physidirector, page 3 shauld be detached for use as the burial-transit permit. Then poshauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval,		at wark at wark
by frer frer Stat	П	22a. I certify that (I) (this heaptal) attended the deceased from
END St. A	П	saw the deceased alive an
Fig 5 at	П	226. DATE SIGNED
S S S S S S S S S S S S S S S S S S S		DEGREE PHYS DIRECTOR D PHYS D 1/17/19
Page 19	П	22d. PHYSTCIAN'S 22e. ADDRESS 22e. ADDRESS
RAI DE P	ш	NAME (Type) 10 by 16 Shaul SFOU EAMENDON AVE ALLETS, MA
TO HOSPITAL OR ATTENE Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	220	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
Page A	200	REMOVAL (Specify)
00	24	FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS SIGNATURE
VR A15 30M REV. 1768	1	Thomas of Kenny Inc 1600 Hollins St DATE AN 20 1969 Charles Judge
1787		DAISTIN DE TOUCHS ST



18		00458	DIVISION OF VITAL RECORD	os, 301 W. PRESTON S CERTIFICATE OF		, MARYLAND 2120	00449	
Page 4 may be retained by the hospital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tangent director, page 3 shauld be detached for use as the burial-transit permit. Then phase remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, ar remayal, and in any event, within 72 hours after death.		ECEASED-NAME First	out No Middle	Lauren	20. D	ATE OF DEATH	Day Year	26. HOUR 7:52 M
S of Person	3. S	Male	4. RACE White	s, date of Ser		6. AGE (In years last birthday)	YRS. IF UNDER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.
ove carban papers. Py event, within 72 hou	70. cou	BIRTHPLACE (Stote or foreign ntry)	7b. CITIZEN OF WHAT COUNTRY?	And	ORCED	SQITE.	20.	Md.
within 90	1	Baltimore	give street oddress)	INSTITUTION (If not in hospital	dwing most of w	PATION (Kind of work doorking life, even if rejire Constructi		USINESS OR
y event	adm	ission) STATE Md.	ised lived, if institution: Residence befo	Battimore	YES NO	28040/14	on Park To	hace
nd in an	L	FATHER'S NAME First		urenee	MAIDEN NAME First Hester	Cinna	- Bozin	last
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		1B. CAUSE OF DEATH (Enter of PART 1. DEATH WAS CAUSE IMMED	nly one cause per line for (o), (b), and ED BY: ATE CAUSE (o)	Wasevlar 1	Accident		BETWEEN ONS	ET AND DEATH
burial, crematian, ar rema		Conditions, if ony, which gave rise to immediate cause (a),	(b)	1 Anteniose	elevorie		3 4.	eans
rial, cre		stating the underlying couse.	(c)		AN DISTACT OF CANDITION	DI ONEM IN OART W	V	
or to bu	NOI		NOITIONS CONTRIBUTING TO DEATH BU				MOS CONCIDENTO IN CON	TIPUI IO
S) th pric	CERTIFICATION	210. ACCIDENT WAS UNDERLYI		YES	NO DY	20b. IF YES, WERE FINDIN CAUSES OF DEATH?		INTING
. of her	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	iner) HOUR A.M. Month Doy Yo	90r 19	CCURRED (Enter nature			****
dan all		While Not while ot wark at work	PLACE OF INJURY (AT HOME, FARM, STREET OFFICE BUILDING, ETC.		2 0-7	City or Town	County	State
auld be the Sto	U	saw the deceased causes stated above	e, (1) (we) (did) (did not) view the	196 , and that in (my) (òos) apinian de	eath accurred an the	19 <u>0</u> / , that (e date and havr ar	l) (We) last nd fram the
director, page 3 shauld be should be filed with the State		22b. SIGNATURE	n. fimmerman	PHO PHYS.		STAFF PHYS.	22c. DATE SIGNED	7
uld be fi		22d. PHYSICIAN'S NAME (Type)	M. Zimmeuma		aco Marti	ord Rd. Ba	/Timore,	Md
shou	L			of cemetery or crematory timore Comete	23d. l	Baltimore	(County) Md.	(Stote)
5 (1)			, Inc. Balto. Md.		DATE JAIR 6		Landa Con	der.

MARILANY STATE DEPARTMENT OF HEALTH

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1/ 1	DIVISION OF VITAL RECORDS, 301 W.		TARREST OF THE TARREST TO	00450
all a	00454 CERTIFI	CATE OF DEATH		00300
€ = 5 €	DECEASED-NAME First Middle (Type or print)	last 2a.	DATE OF DEATH	3° 50°
funeral funeral s i and 2 ter death.	WALTER BROWN I	EADBEATER	JANUARY 20	1969 3:50 a. M
fer fer	3. SEX 4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
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by by	7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARDITI		UNTY OF DEATH	
24 hours after do in by the fur pers. Pages 172 hours after PA.	PENNSYLVANIA U.S.A. WIDOWE	DIVORCED BA	LTIMORE	Md.
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secuted withing completely frame of completely frame or control on the control of	admission ARYLAND 13b. COUNTY BALTTI		3802 Second S	t.
4 8 5 5 8	14. FATHER'S NAME First Middle Last	IS. MOTHER'S MAIDEN NAME First	Middle	Last
on din ind in	GEORGE W LEADBEATER	NANNI	10	BROWN
0 200	Vac the planting [If yet dive was as dates of service]	INFORMANT	Address HOLIA DD 344	DVT A ND
equires that the death certific physician. signed by the attending physicial-transit permit. Then plantic, cremation, or removal, IEY FUNERAL HOVE,	The second secon	LIN. REC., VAH,	FT. HOWARD, MA	APPROXIMATE HITERVAL
th of Jing I I I I	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: ACUTE RIGHT COR	ONARY OCCILISTON		BETWEEN ONSET AND DEATH
he death attendir permit. ion, or re	IMMEDIATE CAUSE (0)	DIVATEL COCHODION		
that the derion.	/ DUL TO, OK AS A CONSCULIENCE OF	IC HEART DISEASE		
at the state of th	rise to immediate cause (a).	TO HERRI DIGEROR		
equires that thy physician. signed by the burial-transit burial, crema	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF			
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The law requires the attending physician has been signed by see os the burial-traith prior to burial, cre	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	O THE TERMINAL DISEASE OR CONDIT	ION GIVEN IN PART 1(a)	
e law requestending parabet size been size of the barrior barr	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED	20n AUTOPCY2	20b. IF YES, WERE FINDINGS CO	MCINCELL IN CERTIFYING
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te hor of the hor of t		OW INTERN OCCUPRED (Enter pater	e of injury in Part 1 or Part 2 16	om 10)
A Tagara	STATES OF CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year	to the property franci ildion	e or impory in roll 1 of 1 of 2, in	om 10.j
rsic ospi cert hed t. o		OCATION Street or D.E.D. Ma	Ch. as T	Company Control
bing PHYSICIAN: The law by the hospital or attendin ther this certificate has been be defached for use os the State Dept. of Health prior to EDWARD C. FIN	21d. INJURY OCCURRED While Nat while at wark at work 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f.	VERTOR SHEET OF R.F.U. MU.	City or Tawn	County State
ATTENDING etained by th CTOR: After t should be de vith the State	22a. I certify that (this hospital) attended the deceased from	1/3/69 19	to 1/20/69 19	, that (I) (we) last
A Per See See See See See See See See See S	22a. I certify that (1) (this hospital) attended the deceased fram- saw the deceased alive on 19, or	nd that in (rosk(our) apinion		e and hour and from the
OR: TTEN OR: TO	causes stated abaye (1) (wg) (did) (did not) view the body offer	deoth.		
OR ATTENIOR SINCE STORY	22b. SIGNATURE 1	ATTENDING - MED.	22t. D.	ATE SIGNED /20/69
DIRE DIRE	DEG DEG	REE PHYS. L. DIRECTO	R D STAFF PHYS.	/20/09
Page 4 moy be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be tiled with the State Dept. of Health SHIPPED TO: EDMARD G	22d. Pursician's NAME (Type) KRISHNA V. S. RAO, M. D.	VAH FORT HOW	IARD, MARYLAND	
Sold of the A	23g. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OF	CREMATORY 234	LOCATION (City or Town)	(Caunty) (State)
O HOS	REMOVA(Specify) Jan 23 /969 RICHARND CH		AVOSBURG, PENN	
	24 FUNDRAL DIRECTOR ADDRESS	250 REATERY CECT	7 RATO 69 256. RUFTS BARS, S	
VR A15 (4) 45M - 1/69	(4951PL 7 SAMMINO FUNERA	L HOME JAN 2	1304	and Anthony

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FOR STATE				MEDIC	AL EXAM		CERTIFIC	CATE (OF DEAT	H		U	TOFO	
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delay and 3 W3. Pa tment	3. S			S. DATE OF BIR		6. AGE In year	MONTHS	DAYS DAYS	IF UNDER 24 HR		PRONOUNCE		, ,	2d. HOUR
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2 2 2		BIRTHPLACE (Stote or f	foreign 7b	CITIZEN OF WH	AT COUNTRY?	8. A	ARRIED THE	EVER MARR	(IED 7. 1	COUNTY OF D				/
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The Boat		ity or town of DEA Sparks	ATH	11. N	AME OF HOSPITA	L OR INSTITUTI	ON (If not in	hospitol	120. USUAt	OCCUPATION	Kind of w	ork done	12b. KIND OF BUSII	VESS OR
ofter death 8. Give Pages along with for with the state		~											Ben	
s after 18. Gir atong 2 with death.		USUAL RESIDENCE (W dmission) STATE MG		lived, if institution 13b. COUNTY	tion: Residence		or Town		INZIDE CITY LIMITS	700) 51110	EET AND NUM		m a	
									ES NO			Grove	e na.	
be executed within 24 hours "pending" in pencil in Heal Is lief Medical Examine's Office Insit permit. File pages Land? event within 72 hours after d	14. 1	ather's name Mar	First shall	Lee Middle		Lost	1S. MOTHE	ER'S MAIDE	n name fi Eun		M	iddle	Lost	
AL EXAMINER: This certificate should be executed within 24 execute the certificate, writing the ward "pending" in pencil in 2r. Page 4 should be farwarded to the Chief Medical Examiners of far your files. TOR: Page 3 should be used as a burial-transit permit. File pages urial, cremation, ar removal, and in any event within 72 hours		WAS DECEASED EVER IN 'es, no, Moknown)		RCES? rar dates al service)	166. SOCIAL SEC 215-16-	URITY NO. -6365	17. INFORMA		e Spa	rks. M	ADDRE)	
auld be executed with varid "pe be chief Medical Example transit permit. File any event within 72	-	19 CALIES OF DEA	TH (Catanasalus		- (a) (a) (b)	-4 (A) I							APPROXIMATE 1	
executed ading" in Medical permit.		18. CAUSE OF DEAT PART L DEATH	I WAS CAUSED I	one couse per ii	10 101 (a), (a)	10,1		. 18	2-	1			BETWEEN ONSET	IND DEATH
xec ndin Med per		4109	IMMEDIATE		AS A CONSEQUE	MCE OF	- Com	1 0		ruse	1,			
per per ief / ief /		Conditions, if ony, w			NO N CONSCIQUE	INCL OI								
the chart		rise to immediate a		(b) DUE TO, OR	AS A CONSEQUE	NCE OF							1	
This certificate shauld be e cate, writing the ward "per be farwarded ta the Chief I be used as a burial-transit ir remaval, and in any even		lost.	mig coose	te)										
the s the I to a bi		PART 2. OTHER SIGNII	FICANT CONDITI	ONS CONTRIBUTI	NG TO DEATH B	UT NOT RELATE	D TO THE TER	MINAL DIS	EASE OR COND	ITION GIVEN I	IN PART 1(o)			
fica ting rdec as	z	1.35												
vertil arwar used mava	ATIO	190. DATE OF OPERA	TION		19b. CONDITION		PERATION						20. AUTOPSY	?
This certificate : licate, writing the be farwarded to do be used as a b ar remaval, and	CERTIFICATION				WAS PERF								YES	NO 📑
HE OF THE PERSON		210. EXTERNAL CAUSE PRIMARY OR CON		21b. TIME OF HOUR A,	INJURY Month, D	ay, Yeor	21c. HOW IN	IJURY OCCU	JRRED (Enter r	oture of injur	ry in Port 1	or Port 2, Ite	m 18.)	
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please e director etained DIRECT		death results	ed fram:	Natural caus	ses A	ccident,	Suicide		Hamicide [, Unde	etermined	manner		
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necessary, please ex the funeral director. 5 may be retained f TO FUNERAL DIRECTO Health prior to bur		EXAMINER'S NAME (Type)	P.1	7, FIR	AN	c -			Y MEDICAL EX ESS(Street, city		unty)	11:	167	
5 5 ± 2 5 ±	230	BURIAL, CREMATION, REMOVAL (Specify)			-	ME OF CEMETE				23d. LOCATION				ote)
	24	FUNERAL DIRECTOR	Jan	. 8, 19	ON Ces	ADDRESS	ove Ce	emete	ry 2So. REC'D BY	Spark		to. Co		
VR A15ME (5) ()	24.	lipton - E	Eline F	uneral	Home Ha		d. Md.		LAN 9	1969		-	Judge.	
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
CERTIFICATE OF DEATH	52
DECEASED-NAME First Middle Lost 20 DATE OF DEATH (Type or print) William Forrest LEIMBACH Month 1 Day 17	Year 69 6:00
To B.RTHPLACE (State or foreign of Country) Maryland 10 CITY OR TOWN OF DEATH Owings Mills Dec. 12 Date of Death Month 1 Day 17 S. Date of BIRTH Dec. 12, 1918 6 AGE (In years last birthday) YRS. First Middle White Dec. 12, 1918 6 AGE (In years last birthday) YRS. From Month 1 Day 17 8 MARRIED NEVER MARRIED Year Markied Year Markied Year Markied Year Maryland Year Mar	1 YEAR IF UNDER 24 HR
70 B.RTHPLACE (State or fore gn country) 70 Maryland 70 UTIZEN OF WHAT COUNTRY? WIDOWED DIVORCED SALTIMORE	
Maryland U.S.A. WIDOWED DIVORCED BAILTIMORE Maryland U.S.A. WIDOWED DIVORCED Baltimore	KIND OF BUSINESS OR
Maryland U.S.A. WIDOWED DIVORCED Baltimore 10 CITY OR TOWN OF DEATH Owings Mills Greated address Rosewood State Hospiging most of work done of the even if retired and the even if retired and the even in the e	
14 FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle	Last
14 FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle Milton U. LEIMBACH 160 WAS DECEASED EVER IN S ARMED FORCES? 160 SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) I (If yes give was or deduce of service)	MYERS
Yes, no, nr unknown) 111 yes give war or dates of sorvice)	
Yes, no, or unknown) (If yes give war or dates of sorvice) (If yes give war or dates or dates of sorvice) (If yes give war or dates or dat	
18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) ond (c)) PART I DEATH WAS CAUSED BY. Aspiration pneumonia JOUR TO, OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH 1 day
DUE TO, OR AS A CONSEQUENCE OF	
Conditions, if ony, which gove one is to immediate cause (a), stot no the under vino cause (b). Stot no the under vino cause (c), stot no the under vino cause (c).	l week
Story of the significant conditions contributing to Death Bull not related to the terminal disease or condition given in part (c). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUILT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART (c).	
Stot ng the under ying cause (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? YES NO ST CAUSES OF DEATH?	
190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERION WAS DEPENDENT OF DEATH? 210 ACCIDENT WAS UNDERLYING 1216 TIME OF INVIEW OCCUPRED (Settlement of Invited in Part of Invi	D IN CERTIFYING
16b SOCIAL SECURITY NO 17 INFORMANT Address No seewood Records Owings Mills	
21d. INJURY OCCURRED While Not while of work o	
22a. I certify that (1) (this haspital) attended the deceased from June 10, 19 29, to Jan. 17, 1969	, that (I) (we) la haur and from th
causes storted above, (I) (we) (did) (did not) vyew the body after death.	
Saw the deceased give on Jensey 19 99, and that in (my) (aur) apinian death occurred an the date and causes stated above, (I) (we) (did) (did not) view the bady after death. Saw the deceased give on Jensey 19 99, and that in (my) (aur) apinian death occurred an the date and causes stated above, (I) (we) (did) (did not) view the bady after death.	21, 1969
22d. Physicians NAME (Type) Harry G. Butley, M.D. 22e ADDRESS Rosewood Lane, Owings Mi 230 Bur al (REMATION, 23b DATE Rosewood Cemetery Or CREMATORY Rosewood Cemetery Chaings Mills, Md.	
and the state of t	
VR A15 PG 24 FUNERAL DIRECTOR ADDRESS 250 REGISTRAR 25b REGISTRAR SIGNATURE ASM. 1 ASM. 1 ASM. 1 ASM. 1 ASM. 2 3 1839 FUNERAL DARLAN 2 3 1839 FUNERAL DARLAN 2 3 1839	ndge :

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ENDOTATE	2/10/69 kk DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 2/10/69 kk DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	00453
TUK STATE		
HEALTH DEPT.	(Type or Print)	
Si to age (IX)		16 1969 M
delay M3. Pa	gast birthday) MONHS DAYS HOURS M.N.	Aeat Indiging C
PM3. P	Male Negro / 10/10 53 YRS	1969 P.M
	70 BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH COUNTRY)	
\$ \overline{Q} \ \ove	N. Carolina U.S.A. WIDOWED DIVORCED Baltimore	ounty, Md
after death 3. Give Pag alang with	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during mask of working life, even if relied)	12b. K ND OF BUSINESS OR INDICATED SCHOOL
Pays to the last	Mount Wilson Steel oddress Mt Wilson St. Hosp Gurreg mask of working life, even if referred	High I chool
at Solo Table	13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. MISIDE CITY JIM TS? 13a. STREET AND NUMBER Garmissian STATE Maryland COUNTY Cecil Port Depos YES NO	215
haurs Item 18 Office and 2		ox 215
Item 1. Office 1 and 2	14 FATHER'S NAME First Middle Last 15 MOTHER'S MAIDEN NAME First Middle	Last
24 in line sirs lines li	Samuel Lemmons Julia	
This certificate shauld be executed within 24 haurs a icate, writing the ward "pending" in pencil in Item 18. be farwarded to the Chief Med.cal Examiner's Office of the used as a burial-transit permit. File pages Tand or remayal, and in any event within 72 haurs after each	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, of unknown) (If yes give wor or dates of service) 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS	
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ted in the factor of the facto	IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY	BETWEEN ONSET AND DEATH
shauld be executed to ward "pending" " o the Chief Med.cal burial-transit permit.	IMMEDIATE CAUSE (a) CHIPOTHE LIMPHYSEINS	3 years
be exe "pendi nief Me nnsit pe event	Conditions, if ony, which gove) A S C V (Decomposited)	(
d be d "l Chie Chie rom	rise to immediate couse (a), (b) A County (b)	6 mos.
auld ward he Ch ial-tro any		
she v he v to th buri	(c) Corrumonate	6 mos.
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= ~ =	PRIMARY OR CONTRIBUTING HOUR A.M.	, ITEM IB.)
INER: e certil shauld files. 3 shaul	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e P.ACE OF IN.JRY (At home, farm street, 21f. LOCATION Street or R.F.D. No. (tty or flown)	County State
(AMINER: te the certi e 4 shaulc rour files. age 3 shau crematian,	WHILE MOT WHILE factory, affice building, etc.)	C00111Å 21018
EXAMINER: cute the cert age 4 shauld r your files. Page 3 shauld. I, cremation,	AT WORK AT WORK	
AL exe r. P ror orrio	22a. I certify that I took charge of the remains described above, held an Autopsy, Inspection K, Inquiry	
Se se secto ined ined a bi	death resulted fram: Natural causes 🔼, Accident 🗌, Suicide 🔲, Hamicide 🔲, Undetermined monne	er 🛄
please e l'arctairet l'arctained l'DIRECT	ACTUAL 9. 2). Cana (12)	Tr Pleasen
	SIGNATURE ASS STANT MEDICAL EXAMINER 22b DA EVANINEOUS DEPUTY MEDICAL EXAMINER 22b DA	TE SIGNED 1/17/69
DEPUTY Street of the second of	I EXAMINER 2	
TO DEPUTY necessary, the funera 5 may be TO FUNERA Health pr		
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10M REV 1/68	Tee a Bal woon & In the invialle Ild DATE SAN 20 1000 it	11 11



16 - 1				301 W. PRESTON STREET, BALI		
4		00453		CERTIFICATE OF DEATH	004	454
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er death. funeral 11 and 2 er death.		KEBEU		LEVIN	JANUARY 270	1969 636 M
s after	3. S	FEMALE	4 RACE WHITE	5. DATE OF BIRTH NOVEMBER 11	1877 6. AGE (In years last birthday) YRS.	IF UNDER 1 YEAR AF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
and the second	7o.	BIRTHPLACE (State or foreign nitry)	7b. CITIZEN OF WHAT COUNTRY?	B. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
2 2 2 2 2 2	_	POLAND	U.S.A.	WIDOWED DIVORCED	BALTIMORE	Md.
PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death the haspital or attending physician. This certificate has been signed by the attending physician and campletely full in by the funeral stacked far use as the burial-transit permit. Then please remove carbon pages. Bages I and 2 Dept. af Health priar to burial, cremation, or removal, and in any event within 24 haurs effer death		CITY OR TOWN OF DEATH BALTIMORE	11 NAME OF HOSPITAL OR IN give street address) MILFORD MANG	OR NURSING HOME during IT	AL OCCUPATION (Kind of work done ost of working life, even if retired.) HOUSEWIFE	12b. KIND OF BUSINESS OR INDUSTRY AT HOME
pple cer	13o odn	USUAL RESIDENCE (Where decease ission) STATE	ed lived, if institution. Residence before	13c CITY OR TOWN 13d INSIDE CITY	IMITS? 130 STREET AND NUMBER	
s executed and campl remove or nany ever		ission) STATE MARY LAND	13b. COUNTY BALTIMORE		7701 SUBLI KU	
and and rem	14.	FATHER'S NAME First	Middle Lost	15. MOTHER'S MAIDEN NAME		Lost
ate bo ician o lease and ii	160	WAS DECEASED EVER IN U.S. ARM	DIEN AED FORCES? 166 SOCIAL SECURITY		OBA Address	?
equires that the death certificate be executed physician. signed by the attending physician and camplet buriol-transit permit. Then please remove capburial, cremation, or removal, and in any event	100	(es, no, or upknown) (16 yes give wo	var or dates of service)	DR. MANUEL_LEV		NUE #21215
cert g pl Ther		18. CAUSE OF DEATH (Enter on)	ly one couse per line for (a) (b) and (c)		/ OUT OBEN AVE	APPROXIMATE INTERVAL BETWEEN OWSET AND GEATH
equires that the death ce physician. signed by the attending i burial-transit permit. The		PART I. DEATH WAS CAUSED	N DV	cinema of s	torach	6 most and death
ne death attendii permit. ian, or re	П	1519	DUE TO, OR AS A CONSEQUENCE OF	0		
t the the sit p	П	Conditions, if any, which gove to immediate couse (a),	(b)			
tha an. by tran cren		stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF			
ysici ysici nial- rial,		lost,	(c)			
v requing phing phen signer to bu	2	PART 2. OTHER SIGNIFICANT CON	iditions contributing to death but N	OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
AN: The law re old or attending icate has been for use as the Health priar to	CERTIFICATION	19a DATE OF OPERATION 19b (CONDITION FOR WHICH OPERATION WAS PE		20b IF YES, WERE FINDINGS C CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
E E E S S E X	E			YES NO		
ICIAN: pital o rifficati d far af Hea	MEDICAL C	210 ACCIDENT WAS UNDERLYING CAUSE OF GRATI- (If either, notify medical examin	HOUR A.M. Month Doy Year	9	er noture of injury in Port 1 or Port 2,	Item 18.)
	×	Whe Not while of work	OFFICE BUILDING, EJC.	CTORY,) 21f. LOCATION Street or R.F.D No.		County State
ATTENDING Prained by the CTOR: After a should be did not the State with the State		22a. I certify that (I) (thu	s hospital) attended the deceas	ed from 19 , 19 (19 2, and that in (my) (our) op	= 5, to yanuay 2719	67, that (I) (we) last
EN Ped Library		saw the deceased al	live an feet of view the	いん かん that in (my) (our) op hadv after death.	inion deals accurred on the do	ite and haur and tram the
ATTER etaine cross, should	П	22b SIGNATURE	0 7	h X	220	DATE SIGNED / 9
OR DE L	П	// ar	ruel never	DEGREE PHYS.	MED STAFF DIRECTOR PHYS	127/67
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D HOSPI Page 3 1 Funer director,	230	BURIAL, CREMATION, 23b. D		CEMETERY OR (REMATORY	23d LOCATION (City or Town)	(County) (Stote)
2 2 2 1	24	REMOVAL (Specify) BURTAL	-28-69 ANSHE 1	MUNAH (AITZ CHAIM)		LANV
30M REV 1200	S(OL LEVINSON & B	ROS., 6010 REISTER	STOWN ROAD DATE TAT	3 0 1969 25b. REGISTRAR'S	the Judge



2 13		10453	DIVISION OF	VITAL RECORDS,	301 W. PRESTON STR	EET, BALTIMOR	E, MARYLAND 21201	00455
					CERTIFICATE OF I	DEATH		
leath. eral and 2 leath.		ECEASED NAME First Type or print) LES	LIE	Middle I	LEWIS	20	DATE OF DEATH Month	2b. HOUR 2:30Am
within 24 hours after death. tely filled in by the funeral ban see etc. Pages 1 and 2 within 72 haurs after death.	3. 5	MALE	4 RACE NEC	GRO	S. DATE OF BIR		6 AGE (In years sast birthday) YRS	IF UNDER LYEAR F JINDER 24 HRS MONTHS DAYS HOURS MIN
4 hour	70 cou	BIRTHPLACE (State or fareign ntry) VIRGINIA	76 CITIZEN OF WH		8 MARRIED X NEVER MARR WIDOWED DIVORC	RICU1	INTY OF DEATH ALTIMORE COUNT	ry, Md
od within 24 ha		CITY OR TOWN OF DEATH	gives	tiegt address) H	OSPITAL	120 USUAL OCCI during mast of LOADER	UPATION (Kind of work done working life even if retired) - LABORER	126 KIND OF BUSINESS OR INDUSTRY STEEL COMPANY
executed a camplet any event,	13a adn	USUAL RESIDENCE (Where decease issian) STATE MARYLAND	d lived, if institute 136 COUNTY	on Residence before		36 ANSIDE CTY JIM TS? YES NO	136 STREET AND NUMBER 1117 N. FULT	
be remained dinany	14	FATHER 5 NAME First HERBERT	Middle	LEWIS	15. MOTHER'S MAI	DEN NAME First GEORG	IANA N	LEWIS
rtificate ohysicia on p ^{le} a oval, an	160	(es, no, or unknown) (it was and wo	ED FORCES? Ir ac dates of service)	218 19 48	1	CORDS, VA	Address HOSPITAL, FT	
The law requires that the death certificate be executed attending physician. has been signed by the attending physician and campletuse as the burial-transit permit. Then please remere can the purial, crematian, ar remayal, and in any event		+00 X Conditions, if only, which gave)	BY: TE CAUSE (a) DUE TO, OR A	e for (a), (b) and (c) BRONCHOPN: S A CONSEQUENCE OF	EUMON TA			APPEOX MATE INTERVAL BETWEEN ONST AND DEATH UNKNOWN
TO HOSPITAL OR ATTENDING PHYSICIAM: The law requires that Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by t director, page 3 should be detached for use as the burial-trans should be filed with the State Dept of Health priar to burial, crem	CERTIFICATION	nse to immediate cause (a), storing the underlying couse lost. PART 2 OTHER S GNIFICANT CON	(c)	S A CONSEQUENCE OF	DT RELATED TO THE TERMINAL	DISEASE OR CONDITI	ON GIVEN IN PART 1(a)	
D HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending 5 FUNERAL DIRECTOR: After this certificate has been directar, page 3 should be detached for use as the shauld be filed with the State Dept of Health priarta		190. DATE OF OPERATION 196. C	ONDITION FOR WH	CH OPERATION WAS PE	RFORMED 200 AUTOP	SY? NO [206. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
SICIAN: spital or inflicate ed for u of Heal	MAID CAL CER	21a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF OEATH (If either, notify medical examin	HOUR A.M P.M	Manth Day Year		•	e af injury in Part 1 or Part 2.	Item 18.)
G PHYS the has this ce detach	W	While Not while of work		AT HOME FARM, STREET, FAC OFFICE BUILDING, ETC			City or Tawn	County State
TO HOSPITAL OR ATTENDING PHYSICIAM: I Page 4 may be retained by the haspital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept of Healt		220 I certify that () (this saw the deceased all couses stated above,	s haspital) atte ve an/ (#) (we) (did) (nded the decease 120/69 decease 1	ed from <u>I/18/69</u> 9, and that in (1674) bady after death.) , 19	to1/20/69, 19 death accurred on the d	that (we) last are and hour and fram the
OR AT DIRECT DIRECT DIRECT DIRECT		22b SIGNATURE	alle	nt m	DEGREE PHYS	DIRECTO	R STAFF Z 22c	DATE SIGNED 1/20/69
SPITAL 4 may INERAL star, pa	20	22d. Oxfysician's NAME (Type)	A 16			H FORT H	OWARD, MARYLA	
TO HC Page TO FU direct		BURIA., (REMATION, 23b D REMOVA (Specify) BUHLAL FUNERAL DIRECTOR	-13-6,	BALTIMO	CEMETERY OR CREMATORY RE NATIONAL	B	LOCATION (City of Igwn) ALTIMORE, MAR	
VR A15 ,47 45M 1 69	24	Venn R. Bu	ikes	KELSON F	UNERAL HOME	DATAN 2 I	STRAR 250 POOL PRAR	las findas

MEANIN CTATE OFBARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 30400 00456 CERTIFICATE OF DEATH filled in by the funeral papers. Pages 1 and 2 thin the outs after death. DECEASED-NAME Middle Last 2n DATE OF DEATH First 2b. HOUR within 24 hours after death. funeral 1 ond (Type or print) RudoLph CHR I STOPHER **4**indeman 3 SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years IF UNDER YEAR last birthday) MONTHS April 17, 1897 Male Caucasian 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 8 MARRIED NEVER MARRIED country Penna. Baltimore WIDOWED [DIVORCED [filled 12a USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 125 KIND OF BUSINESS OR give street oddress) Greater Balto.Med.Center during most of working life, even if retired.)
Salesman-retired HIDUSTRY. pou burial, cremotian, or remaval, and in ony event, wil Towson 13c. CITY OR TOWN 13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 3d INSIDE CITY LIMITS? 13e STREET AND NUMBER eose remove cor complet executed 13b COUNTY Road Chetwood 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Last Last Manu Shaeffen Judivio Lindeman requires that the deoth certificate 16g. WAS DECEASED EVER IN .. S ARMED FORCES? IAH SOCIAL SECURITY NO 17. INFORMANT Address Yes, no. prunknown) Family records APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Hypostatic bronchopneumonia, bilateral IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-tronsit p Conditions, if any, which gove a (b) Bleeding gastric ulcer: rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Arteriosclerotic cardiovascular disease O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 1/8/1969 Bleeding gastric ulcer YES X NO [Yes 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. (If either, notify medical examiner) 21e. PLACE OF INJURY (AF HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INSURY OCCURRED State City or Town County While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from 1/1, 1969, to 1/1/2, 1909, that (I) (we) last court the deceased alive on 1/1/2, 1969, and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated above. (4) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF PHYS. 1/13/69 DEGREE PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Rúdiger Breitenecker. Greater Baltimore Medical Center 23a. BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) Burias /24 FUNERAL DIRECTOR VR A15 W17 30M REV. T468



	li .	MAKYLAND STATE DEPARTMENT OF HEALTH OF A G = DIVISION OF VITAL PECOPOS 201 W PRESTON STREET BALTIMORE MARYLAND 21201
1	1	Olivision of vital records, 301 W. Preston Street, Baltimore, Maryland 21201 10 0 0 5 7
•		Item#7a, FilmGlog 2/1/59 km CERTIFICATE OF DEATH
£ _ 7£ 4	1	PECFASED-NAME First Middle last 20 DATE OF DEATH 25 HOUR
funeral funeral ter death		Type or print) GEORGIA A. Linigranifelter Tom Month Day Year 54-PM
fun 1 er c	3. S	
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A B ACTIV	70	B RTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH
	tus	Baltimore, Md. USA. WIDOWED DIVORCED BATTIMURE CAL Md.
5 3 48	10	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPAT ON (Kind of work done 12b Kind OF BUSINESS OR
# 35 ¥ ¥ 1		PATON SILL // Silm mithilles HAPC during most of working life, even if retired \ INDUSTRY
omplete ve carl	13a	US.A. RESIDENCE (Where deceased wed, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY DIA 152 13e STREET AND NUMBER 21.2.2.9
Tremove in any eve	uun	isson) STATE YES NO 4/4 FOCK Glen Kd.
Terms of the contract of the c	14	FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle Last
d in the		Wm F. Shep MARY HOGAN.
ICIAN: The low requires that the deoth certificate be exempted or attending physician. Tifficate has been signed by the ottending physician and of for use as the burial-tronsit permit. Then please remonant Health prior to burial, cremation, or removal, and in any	160	I. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIA. SECURITY NO 17 INFORMANT Address 21229 17 INFORMANT Address 21229 18 Part 1 Part 2
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Inc Inc		IB CAUSE OF DEATH (Enter anily one cause per √ine for (a) (b) and (c)} APPROXIMATE INTERNAL PARTIES BETWEEN NAME AND PA
soth indii or re		PART + DEATH WAS CAUSE (a) Congestive been for live
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equires that the deoth ce physicion. signed by the ottending burial-tronsit permit. The		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d)
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e low re tending ss been as the prior to	Iğ	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
통 # 등 등 # X	CERTIFICATION	YES NO CAUSES OF DEATH?
dan: Thu al or at icate ho for use Health		21g ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, item 18)
Part Part Part Part Part Part Part Part	MEDICAL	OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M.
OR ATTENDING PHYSICIAN: The low rebe retained by the hospital or attending DIRECTOR: After this certificate hos been ge 3 should be detached for use as the ed with the Stote Dept. af Health prior to	₩	21d. IN.JRY OCCURRED 23e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No City or Town County State
the this deto		at work at work
by ffer be	ı	22a certify that (1) (this haspital) attended the deceased fram 1/20, 1967, to 1/24, 1969, that (1) (we) last
R: A		saw the deceased alive on
OR ATTENDING be retained by the NRECTOR: After i a 3 should be d ed with the Stote		226 SIGNATURE 220 DATE SIGNED
OR BE FE D W	L	DEGREE PHYS DIRECTOR DIRECTOR PHYS
AL O SO S	ı	22d PHYSICIANS - 1 22e ADDRESS 1801 For denote Reserved
ERA ERA John Hand		NAME (Type) E-KASAiTIS, M. O Boltime Mid 21228
TO HOSPITAL OR ATTENDING PHYSICIAN: The low rapoge 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detached for use as the should be filed with the Stote Dept. af Health prior to	23a	BUR AL, CREMATION, 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
55.0 g v	Bi	REMOVAL (Specify) 1/27/69 Woodlawn Cemetery Bultimore, Maryland
- VR AH		FUNERAL DIRECTOR ADDRESS 250 REGISTRAR 256 REGISTRAR S SIGNATURE
45M W 6	1	witzke, 4101 Edmondson Ave., 21229 old 27 1969 Clarks Judge



/	Et:	ems 18-22a Film 409 MARYLAND STATE DEPARTMENT OF HEALTH 14-69 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		00460 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.		ECEASED-NAME First Middle Last 20. DATE KNOWN Month Doy Year 2b. HOUR-
of de to	(Type or Print) JOSEPH STANLEY LIPINSKI DEATH MATED 1 26 19 69 12 24
deloy and 3 Pognet	3. 5	4 RACE S DATE OF BIRTH 6 AGE (In years Funder I YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD 2d HOUR
9 5	M	ale White 7-3-52 16 YRS January 26 19 69 12:46
	l.	B RTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
2 2 2 2	caun	"TALYLAID U.S.A. WOUNED Balto. Md
offer deoth 8. Give Pages along with fer with the State		11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a usual Occupation (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired.) Comparison of the c
Given and a series	13a	USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 3d. IMSIDE CITY LIMITS? 13e STREET AND NUMBER
18 18 deg	G	dmission) STATE Md. 13b. COUNTY 1-111- Balto. YES NO 10 606 47th St.
24 hours of in Item 18. r's Office al	14. F	ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
24 rin ris construction of the second		JOSEPH LIPINSKI SR. MARTHA SADUBA
hin 24 nool in niner's poges hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT ADDRESS es, no. or Junknown) (If yes give wor or dates of service)
with with personal Frie 72		(1) yes give wor' or sorted of service) 212-58-7092 JOSEPH LIPINSKI 606 47th STFETT
ecuted with ling in per edical Exon ermit. File I		18. LAUSE OF DEATH (Enter daily dise cause per line for (d), (b), and (c).)
executed and and and and and and and and and an		IMMEDIATE CAUSE (a) TITITATA CTUST OF CATEGORIE (TITOTTE CAUSE (a)
be exe "pendii hief Me ansit pe		OUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave a
Id the Chit		tise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
should be en word "per or the Chief or the C		lost.
MINER: This certificate should be executed within 24 the certificate, writing the word "pending in pencil in 4 should be forworded to the Chief Medical Exominer's ur files. Je 3 should be used as a burial-transit permit. File pages emotion, or removal, and in any event within 72 hours		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
us certificate the writing the forworded to be used as a bremoval, and	z	
certifi writh orwor used moval	CATIC	19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED?
this cate, the form of the for	CERTIFICATION	AFZ
tifica tifica Id be uld k	AL CE	21a EXTERNAL CAUSE WAS 21a TIME OF INJURY Month, Day, Yeor 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) PRIMARY OR CONTRIBUTING 12 - HOTER AMX
INER: Te certific should by files. 3 should ortion, or	MEDICAL	CAUSE OF DEATH 12:00 PM 1/26 1969 Subject sniffed carbona cleaning fluid 21d INLJRY OCCURRED [21e PLACE OF INJURY (At home, form, street, 21f OCATION Street or R.F.D. No. (ity or Town County State
XAMI te the ge 4 s your f Poge 3	etC.	wwwwer want foctory, office building, etc.)
bical Examiner: se execute the certi ctor. Poge 4 should ned for your files. ECTOR: Poge 3 should buriol, cremotion,		
CAL E exect on Property Poor Poor Tok: ourned,		220. I certify that I took charge of the remains described above, held on Autopsyxx, Inspection , Inquiry , and in my opinion death resulted from. Natural causes , Accident X, Suicide , Homicide , Undetermined manner .
bic, sleose e director etained DIRECTOR		CHIEF MEDICAL EXAMINER
Per dip		ACTUAL // /A. C. A.
ory. ory. be be		SIGNATURE OF THE STATE OF THE S
ro DEPUTY DICA! Pecessory, pleose ex the funeral director. S may be retained f TO FUNERAL DIRECTO Health prior to bur		NAME (Type) Ronald N. Kornblum, M.D. ADDRESS(Street, city, town, or county)
5 # 2 D H	23a	BURIA., CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23dOCATION (City or Town) (County) (State)
	-	1-29-69 HOLY ROSARY CEMETERY DUNDALK, MARYLAND
VR ATSME (S)		FUNERAL DIRECTOR ADDRESS 401 250. REC D BY REGISTRAR 250 REGISTRAR'S SIGNATURE OHN N. WEBER & SONS INC. S. CHESTER STDATE AN 20 1900 O'Climate Queles
10M REV 1768	ل	OHN M. WEBER & SONS INC. S. CHESTER STOATS AN 29 1969 felicarles Judge



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MARYLAND STATE DEPARTMENT OF HEALTH 00464 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED-NAME M ddle First. Lost 20 DATE KNOWN ? (Type or Print) OF EST. Page Maurice Little DEATH MATERA with the State Department of delay IF JINDER YEAR IF UNDER 24 HRS 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (in years 2c DATE PRONOUNCED DEAD ond PM3. ast birthden) Male 8-22-1901 Can. 70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH 's Office alang with farm country) Baltimore DIVORCED [WIDOWED | II.S.A Item 18. Give Pages D. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done haurs after death 12b KIND OF BUSINESS OR during most of working life, even if refired.)
Ret. Welder Beth Steel give street address) Towson .Joseph's death. 13g. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CTY OR TOWN 13d. INSIDE CITY LIMITS? 13a STREET AND NUMBER edmission) STATE 13b. COUNTY / / / / // Baltimore Md. YES NO 1012 Overlea Avenue 6 land 2 after 14 FATHER'S NAME First Middle IS. MOTHER'S MAIDEN NAME First Middle cost Alexander J. Little Elizabeth M. Moore = pencil 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** be executed within (Yes, no, or unknown) Mrs Dorothy Little 1012 Overlea 27/1-03-1209 1B. CAUSE OF DEATH (Enter only one couse per ling for (pf., (b), and (c)) SETWEEN ONSET AND GEATH with PART I DEATH WAS CAUSED BY shauld be farwarded to the Chief Medica IMMEDIATE CAUSE (a) event DUE TO, BR-AS A CONSEQUENCE O burial-transit Canditions, if any, which cave rise to immediate couse (a), This certificate should any the ward stoting the underlying couse .= and PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE OR CONDITION GIVEN IN PART 1(a) 0 writing 0.5 remayal, CERTIFICATION 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate. YES [NO. Б 21a EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (Enter nature of njury in Part 1 or Part 2, Hern 18.) 21b. TIME OF INJURY Month, Day, Year 3 shauld HOUR A M PRIMARY TO OR CONTRIBUTING TO crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town State County factory, affice building, etc.) WHILE NOT WHILE T 22a. I certify that I took charge of the remains described above, held an Autopsy ... Inspection -Inquiry and in my opinion death resulted from Accident Suicide 7 Hamicide Undetermined manner Natural CH EF MEDICAL EXAMINER 226. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral DEPLTY MEDICAL EXAMINER Health **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) 230 BURIAL CREMATION. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (Stote) REMOVAL (Specify) Burial 1-27-1969 Gardens of Faith Cemetery Baltimore nore Co 24 FUNERAL DIRECTOR ADDRESS 250 REC D BY REG STRAR DATE 1AN Lassahn Funeral Home 7401 Belair Road 21236 10M REV yetranley Judge

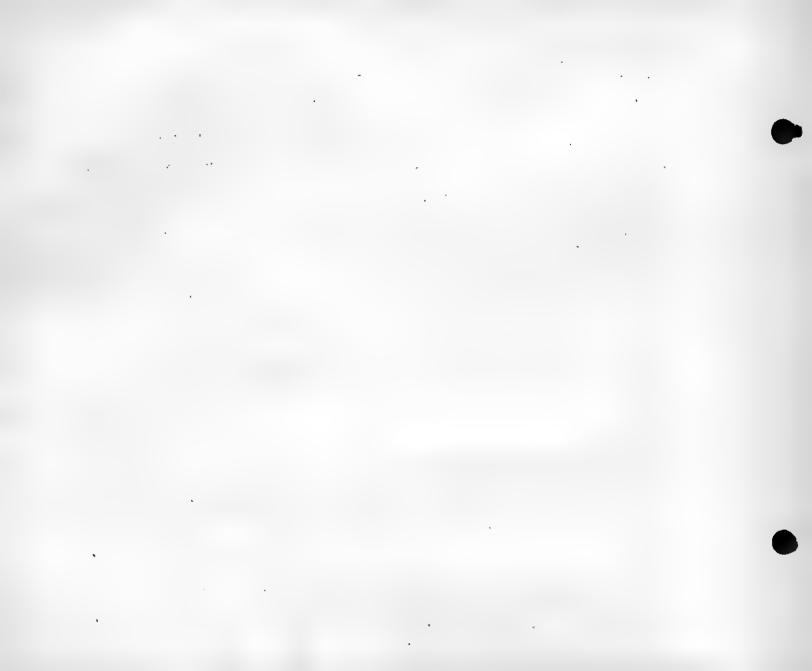


	1		DIVISION OF VITA	MAKITAND SIAIF		HEALTH LTIMORE, MARYLAND 21201	
		00464	DIVISION OF VITA	-	CATE OF DEATH		90320
		ECEASED-NAME First		Middle	Lost	2a. DATE OF DEATH	2b. HOUR
	((Ype or print) Robe	rt Emer	son Love		Manth D	0 69 M
	3 5	X	4 RACE		S. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER EYEAR IF UNDER 24 HRS
	_	Male	£ au		8/3/08	10st birthday) 60 YRS	MONTHS DAYS HOURS MIN
	7a.	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT CO	UNTRY? 8. MARRIED	NEVER MARRIED	9. COUNTY OF DEATH	
		Illinois	USA	WIDOWED		Baltimore	Md.
	10. 1	ITY OR TOWN OF DEATH	11 NAME OF	HOSPITAL OR INSTITUTION (If	nat in haspital 12a U	SUAL OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR INDUSTRY
j	<u>L</u>	Catonsville	1913	ddress) Rollingwood	Rd Su	most of working life, even if retired pervising Exec. Y LIM TS? 13e. STREET AND NUMBER	Insurance
,	13a adm	USUAL RESIDENCE (Where deceasission) STATE	120 COLUMN			110 T	
	-	Md Md	E	Saltimore Ca	turis.	M Daille as I	
71	14	FATHER S NAME First	M.ddle y H. Love	Last	S. MOTHER'S MAIDEN NAMI		Last
	160	. WAS DECEASED EVER IN U.S. ARA	V	OCIAL SECURITY NO 17.	INFORMANT	Barclay Address	
	100		var or dates of service)		Balt.	N/A 91990	Dallia avva a illa C
	F	18. CAUSE OF DEATH (Enter or			WITS DUFOUL	A-9 TONE TALE	Rollingwood Rd
		PART I. DEATH WAS CAUSE	1 PV	4 17 7 80	1 Bra.		OFTWEEN ONSET AND DEATH
		1978 IMMEDI	ATE CAUSE (a) DUE TO, OR AS A CO	ASLALLE CO	- Down-car		3,70,
		Canditions, if any, which gave)	/V	rent 1	Liver		7 mot
		rise to immediate cause (a), stating the underlying cause	DUE TO, OR AS A CO				
		lost.	(c)				
		PART 2. OTHER SIGNIFICANT COI	IDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED 1	O THE TERMINAL DISEASE O	PRECONDITION GIVEN IN PART 1(a)	
	۱ _×						
2	ICATION	19a, DATE OF OPERATION 19b.	CONDITION FOR WHICH OP	ERATION WAS PERFORMED	20a. AUTOPSY?	CONTER OF DESTIN	CONSIDERED IN CERTIFYING
۶,	CERTIFI	A CONTRACT MILE MINES IN	10		YES NO		
		210 ACCIDENT WAS UNDERLYING CAUSE OF DEAT	H HOUR A.M. Mar	RY 21c. H oth Day Year	IOW INJURY OCCURRED (E	nter nature of injury in Part 1 or Part 2	2, Item 18.)
	MEDICAL	(If either, natify medical exami	ner) P.M.	4E GARM STREET BATTORY 1 236 A	OCATION Street or R.F.D.	Ma Cib. as Taura	County State
		1401 14110	PLACE OF INJURY (AT HOL	BUILDING, ETC.	OCATION STEEL OF K.F.U.	No. City or Town	Caunty State
		OT WORK OT WORK "	s-hospital) attender	the deceased from	8-26- 10	36 to 1-10- 1	19/19 that (1) (Sig) last
		sow the deceased of	live on	9 - 1969, or	d that in (my) (out)	ppinion deoth occurred on the	dote and hour ond from the
		causes stated above	e, (I) (we) (did) (did+	ot) view the bady after	death.		
		22b SIGNATURE	2 11	9.	REE PHYS	MED. STAFF	C DATE SIGNED
		Melmer K.	Japlage	DEG	Inc. Apporer	DIRECTOR L PHYS. L	-11-69
1		22d. PHYSICIAN S NAME (Type) Alylon 1	r K. Gal	Lager, M.D	22e. ADDRESS	deriok Ave Bal	17. Md, 21228
	220	BURIAL, CREMATION, 23b.		23c NAME OF CEMETERY OF		23d. LOCATION (City or Town)	(County) (State)
	230		13/69	Druid Ric		Baltimore Co	1 11
	24.	FUNERAL DIRECTOR 6212				BY REGISTRAR 256. REGISTRAR	R S SIGNATURE .
-		Wm. Cook-Br	ooks West	National Pik Inc 2122	8 DATE AL	1 5 1969 Min	184 lange

12 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201									
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH									
HEALTH DEPT.	1 DECEASED-NAME First Middle Last 2a DATE KNOWLEST Month Day Year 12h HAND									
of He to	(Type or Print) MARY LOUISE LOWE DEATH MATED Jan 30 1969 7 N									
Teloy is and 3 to M3. Page	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (in years if UNDER 14 HRS 2c. DATE PRONOUNCED DEAD Months DATS HOURS AIN Day Year 30.									
dany	70 BIRTHPLACE (Stote or foreign 75. CTIZEN OF WHAT COUNTRY? 8. MARRIEDXX NEVER MARRIED 9. COUNTY OF DEATH 1. COUNTRY? 9. COUNTY OF DEATH 1. COUNTRY? 1. COUN									
Gue Pages mg with for the Kote	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of warking life, even if retired) 12a USUAL OCCUPATION (Kind of wark dane during most of warking life, even if retired) 12b KIND OF BUSINESS OR INDUSTRY Store									
444	130 USUAL RESIDENCE (Where deceased 1 yed, if institution Residence before 13c CITY OR TOWN 3d Missier CITY LIMITS? 13e STREET AND NUMBER admission) STATE Fig. 13b COUNTY Timore Essex 21221 YES No. 929 Homberg Ave.									
liaura Office Office offer	14 FATHER'S NAME First Middle Last 15, MOTHER'S MAIDEN MAME First Middle Lost									
24 in It r's (r's (Walter Hamm Mary Williams									
within 24 llaurs o pencif in Item 18. cominer's Office of the pages 1 and 2 w 72 hours ofter dec	16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS (Yes, no, or unknown) (If yes give wor or dates of service) 043 22 3756 William C. Lowe Same									
l with per Exon	INDONOMIC BUT OF									
xecuted nding" i Medical permit.	18. CAUSE OF DEATH (Enter only one cause per ine-for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMCDIATE CAUSE (a) OUE TO, OR AS A CONSEQUENCE OF rise to immediate cause (a), stating the underlying cause (b) OUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE DUE TO, OR AS A									
shau e wo o the ouriol	lost both Charles Bower Obstruction									
ficate s ing the ded to os o bu	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
INER: This certificate shauld lie e e certificate, writing the word "per should be farworded to the Chief I files. The should be used as a buriol-transit ashould be used as a buriol-transit cation, ar removal, and in any even	190 DATE OF OPERATION AUG - 1968 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO D 210. EXTERNAL CAUSE WAS 210. TIME OF INJURY Month, Day, Year 214. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)									
INER: The certifico the certifico 4 should be ir files. e 3 should be mation, ar	S PRIMARY OR CONTRIBUTING HOUR AM. CAUSE OF DEATH P M. 19									
TA INER: the the certified 4 should your files. Page 3 should cremation,	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 21e. PLACE OF INJURY (At hame, farm, street, foctory, office building, etc.) 21f. LOCATION Street or R F.D. No. City or Town County State									
DICAL EXA	220. I certify that I took charge of the remains described above, held on Autopsy, Inspection Inquiry and in my opinion									
olca director. etoined DIRECTOR or to bur	death resulted from Natural couses [M]. Accident []. Suicide []. Homicide []. Undetermined monner []									
pled directo	ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER CASSISTANT MEDICAL									
O DEPLITY necessary, put the funeral s may be r O FUNERAL Health prid	EXAMINER'S NAME (Type) M. B. Davis, M.D. 6800 Mornington ROSSISSISSISSISSISSISSISSISSISSISSISSISSI									
O PEC	230 BURIAL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Store)									
	Runoval (Spec (v) 2/3/69 Meadowridge Memorial Pk. Howard Co., Md.									
VR A15ME (5)	Pouzdzinski Tuneral Home 1407 Eastern Ave. 250 RFF BREGISTIAR 1989 256 REG STRAR S SIGNATURE DATE									



10	1	DIVISION OF VITAL DECORDS 201 W DESCEND STREET PALTIMORS MADVIAND 02002							
7	L	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH							
ter death. funeral \$1 and 2	1, D	ECEASED NAME First Middle Lost 2a. DATE OF DEATH Type or print) FRANK LUPE LOST LOST FRANK LUPE Type or print)	968gar 2b. HOUR						
to Page	3 S	EX 4. RACE S. DATE OF BIRTH 6. AGE (In years f	UNDER 1 YEAR IF UNDER 24 HRS UNTHS DAYS HOURS MIN.						
24 hours do not be a factor of 72 fours	can	BIRTHPLACE (Stote or foreign ntry) New Jersey 75. CITIZEN OF WHAT COUNTRY? WHAT COUNTRY? WHOWED DIVORCED 9. COUNTY OF DEATH Baltimore	Md.						
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comple comple rave ca	adm	USUAL RESIDENCE (Where deceosed lived, if Institution Residence before 13c, CITY OR TOWN 13d, INSIGE CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY Baltimore Sparks YES NO WES NO WE WE WANTED WITH WE WE WE WE WANTE WE WANTE WE WE WANTE WITH WE WANTE WE WANTE WE WANTE WE WANTE WE WANTE WE WANTE WE WANT							
beer an are din ar		FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Ann Regan	Last						
tificate hysicia n pleas	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? Yes and, or unknown) (1 yes give wor or gotes of service) None: 16b. SOCIAL SECURITY NO 17 INFORMANT Family records							
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 has Page 4 may be retained by the hospital ar attending physician. TO FUNITRAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers should be filled with the State Dept. at Health priar to burial, crematian, or removal, and in any event, within 72th		18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c), PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
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S PHYS The hos this ce detache	W	While Not while of work	County State						
OR ATTENDING PHYSICIAN be retained by the hospital of NRECTOR: After this certifical easishauld be detached far ed with the State Dept. af Hee		22a certify that (1) (this-hospital) attended the deceased fram	ond hour ond from the						
DIRECTOR AT DIRECTOR Set 3 shifted with the		DEGREE PHYS DIRECTOR PHYS.	SIGNED Y						
TO HOSPITAL Page 4 may I TO FUNIRAL director, pag should be fill	200	22d PHYSICIAN'S NAME (Type) P. M. F. RANCE 22e. ADDRESS PRICE							
TO H(Page TO FU direct	Bu	real (Specify) Jan. 6, 1969 St. Joseph's Cemetery (ockeysville, Mar	(County) (Stote)						
SOM REV.	24.	John Burns' Sons, Towson, Maryland 256. REC'D BY REGISTRAR 256 REGISTRAR'S SIG							



	00467	0 0 4 6 7 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201									146	3
	DECEASED NAME	First		Middle		Last		2g. D.	ATE OF DEATH			25 HOUR D
l	(Type or print)	Edwar	ď	F.		LUZIUS		}	January 21	L Day 19	69	7:40%
ŀ	3 SEX Male		RACE Whit	9		S DATE OF BIRT	3 -1-1	2	6 AGE (n years last birthday) 56	MONTH YRS.	DER 1 YEAR S DAYS	IF UNDER 24 BRS(OURS MIN
	7a BIRTHPLACE (State of country)	foreign 7b (ITIZEN OF WHAT (OUNTRY?	8 MARRIED	☐ NEVER MARRI	ED 9	. COUN	TY OF DEATH			
	Clevela	and 0	USA		WIDOWED	DIVORCE	ED 🔀		Baltimore			Md
	10 (HY OR TOWN OF DI Baltimore	9	give Steel	of Hospital or No addinss) • Joseph	n) MOITUTITE LasoH	not in hospital .tal	12a cUSUAL dum Golde Seat	0((LF 34<i>m</i>) r s	ATION (Kind of work d MR.ng life, even if retri- Roebuch Co	ed } INI	KIND OF DUSTRY	BUS:NESS OR
1	30 USJAL RESIDENCE ()	Where deceased live	ed, if institution.	Residence befare	13c CITY O		d MSIDE EITY . M	123	130 STREET AND NUMBE	R		
-	odmissian) STATE Mai	ryland 1	b COUNTY 11t:	imore	Tows	on	res No		2317 E. Jo	ppa F	load	21234
	14 FATHER'S NAME	First	Middle	Last	1	S. MOTHER'S MAID	_		M₁dd	le		Last.
	Edwar	d.F. Luz	ius. Sr.			Mary	e M. Pu	ındı				
	16a WAS DECEASED EVEI Yes, na, gr,unknawn)	(If yes give war or dale	es of service) 16b.	. SOCIAL SECURITY I 12-07-53		INFORMANT			Addre	SS		
	No					<u>amily re</u>	COROS				A DED AV A	LATE INTERVAL
	18. CAUSE OF DEA	ITH (Enter only one I WAS CAUSED BY	couse per tine fo	r(a),(b) and (c); morrhagi	c sho	ale.						ISFT AND DEATH
	55 de	MMED ATE CAL	D2E (0)		.0110							
	Canditions, if any,	-	DUE TO, OR AS A	CONSEQUENCE OF ssive ga	atmai	atooti no	1 homo	· manalin	200			
	rise ta immediate	cause (a).	(a)		SCTOL	ivestina	T Hellio	1.1.11	age	-		
	last	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF (i) Bleeding duodenal ulcer										
	PART 2 OTHER SIG	NIFICANT CONDITION						NDITION	GIVEN IN PART 1(a)			
ı			-						· orres in thick (a)			
	190. DATE OF OPERA	TION 19b. CONDIT	TION FOR WHICH O	PERATION WAS PER	RFORMED	20a. AUTOPS	Y?		206 IF YES, WERE FINDIN	vGS CONSIDE	RED IN CE	RTIFYING
	190. DATE OF OPERA					YES 🗷	NO 🗌	- (CAUSES OF DEATH?			
			216 TIME OF INJU		21c H	DW INJURY OCCUR	RRED (Enter n	nature d	of injury in Part 1 or Pa	rt 2, Item 1	B.)	
	OR CONTR BUTING [edical examiner)	P.M.	nth Day Year 19								
	2 d N.JRY OCCUR While Mat while	RED 23e. PLACE	OF INJURY (AT HE	DME FARM, STREET FAC E BUILDING, ETC.	TORY) 21f L	CATION Street	or R.F.D. Na		City or Yown	Cau	nty	State
	al wark at wark	`L.										
	22a. I certify t	hat (1) (this has	spital) attende	d the decease	d from_	1-114-6	9_, 19		a1-21- eath accurred on th	19.69	_, that	(we) last
	causes sta	eceasea alive a (ed abave,(i) ((we) (did) (did	nat) view the l	oady after	a mar in (2029) death.	(aur) opini	ian de	ath accurred an th	e date on	d hour o	ind from the
	22b SIGNATURE	1	1							22c. DATE S	IGNED	
		X	Tul-	My M	DEGI	EE PHYS.	☐ MEĐ DIRI	D ECTOR	STAFF PHYS		22-69	
	22d. PHYSICIAN S	Reynaldo	Odinala	Gomes	M D	22e. ADDRE		_				
									ad, Towson	Md.	2120	4
-	REMOVAL SPENDS	23b DATE		23c. NAME OF C				450. 4	OCAT ON (City or Town)	(Car	nty)	(State)
a year		iak Jan.	25, 1969	Rivers.	ide (e	metery			inton, Mich	igan		
	24 PUNERAL DIRECTOR	Luna	Dr. 1	ADDRESS	in in	1 kg 12	Sa REJAN	RECISH	AR 1969 REGISTA	AR'S SIGNAT	JRE Car	Lal.
/	JUTUTU 1c	(mum)	XTUW!	Apr	W OK	114000	ATE				, ,,	7

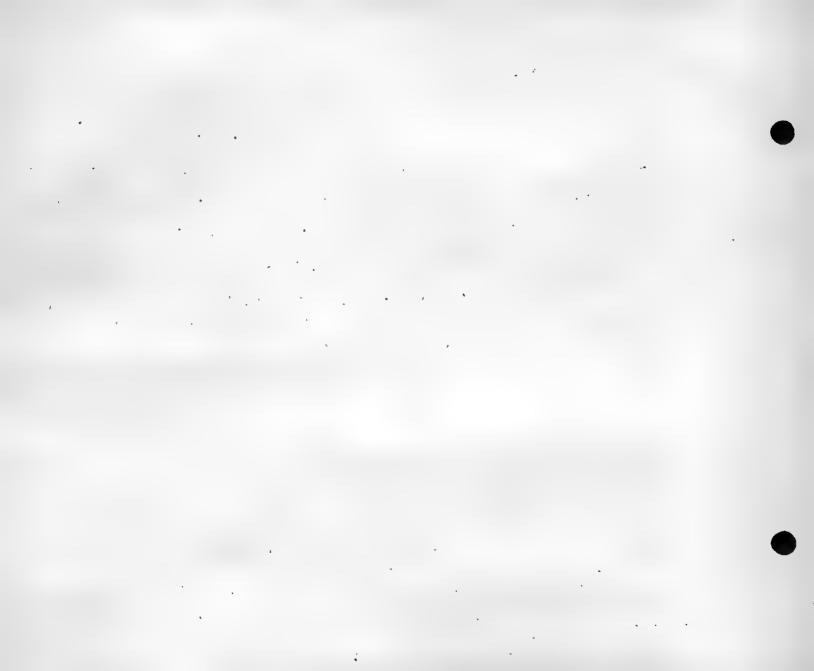
MARTENIO STATE DEL ARTIMENT OF MEALIN



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00464 CERTIFICATE OF DEATH 25. HOUR Inst 1. DECEASED-NAME First Middle 20 DATE OF DEATH within 24 hours after death. (Type or print) Charles Lynch E. Januar 3 SEX 4 RACE S. DATE OF BIRTH 6 AGE (in years last birthday) F JHDER I YEAR June 30,1891 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED 🔭 NEVER MARRIED filled in b (ountry) Maryland Baltimore WIDOWED [DIVORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 125, KIND OF BUSINESS OR during most of working tie, even if ret red) INDLSTRY
Retired - Deputy Sheriff-Balto. Co give street oddress) Towson Road 13e. STREET AND NUMBER ample burial, crematian, ar removal, and in any event, 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 134. INSIDE CITY LIMITS? **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be exegured admission) STATE 13b. COUNTY 807 Eton Road YES 😿 NO [Towson physician and the please removed 14. FATHER'S NAME First M.ddle Lost 15. MOTHER'S MAIDEN NAME First Middie Lost Wilhelmina Lynch Langdon James 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, na az unknawn). [II] yes give war or dates of service) 212-40-5879 Mrs. (Same APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per fine for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY. BETWEEN ONSET AND GEATH Jarcinoma . Rectum months IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave t nse ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stoting the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been be detached for use as the State Dept. of Health prior ta 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 205 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter hoture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Nat while 22a. I certify that (I) (this heapital) attended the deceased from 307, 1950, to 307, 1967, that (I) (we) lost saw the deceased alive an 307, 1967, and that in (my) opinion death occurred on the date and hour and from the director, page 3 should should be filed with the couses stated above, (1) (we) (did) (did not) view the body after death. MED DIRECTOR ATTENDING STAFF DEGREE PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 607 W. Joppa Road Shaw Charles 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BUR AL, CREMATION 23b. DATE (County) REMOVAL (Specify) Pikesville.Balto.Co.Md. Druid Ridge 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Sons ork Rd. 80



	1	MARTLAND STATE DEPARTMENT OF HEALTH
2		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	L	CERTIFICATE OF DEATH 00465
£ _7.£ \	1. D	ECEASED NAME First Middle Lost 20 DATE OF DEATH 2b. HOUR.
funeral	(Type or print) MABEL E. LYON JAN. Day 1960 815
	3. 5	A DATE OF DIDTH A ACE II- CHARGE VERS IN MINOR PLANT
# # # # # # # # # # # # # # # # # # #		EEMALE JULY 14, 1878 Last brithday) YRS MONTHS DAYS HOURS MIR
Dur.	7a.	BIRTHPLACE (Stote, or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH
d in pers. 72 h	COU	MARKIED NEVER MARKIED BALTO County TO COSON MO
	10.	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of work in done during most of working life, even if retired.) 12. KIND OF BUSINESS OR during most of working life, even if retired.) 13. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)
with bon, with	L	DACTO C'hesapfake Mange Hause WIFF MILLE HORRE
pled cor	13a odm	USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b, COUNTY Control of the country of
com	<u>_</u>	171 N 129CHO 1 18 11/15 (A NO ELO R D. A. 11/2
ond co	14.	Thomas Emery Lost Is. MOTHER'S MAIDEN NAME First AVAGE Middle Last
ad in	1/2	No.
binG PHYSICIAN: The law requires that the death certificate be executed within 24 hours the hospital or attending plysicion. After this certificate has been signed by the attending phymician and completely filled in by the detached for use as the buriol-transit permit. Then please remove carbon papers. Pag State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours	100	WAS DECEASED EVER IN U.S. ARMED FORCES? (8s, no, ar unknown) (If yes give war or delas of service) 16b SOCIAL SECURITY NO. 17 INFORMANT FOURTH FORCES?
cert p pt her nov	F	
ne deoth cer otteniing p permit. The		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY: Company C
dec mi mi		1/3/0 IMMEDIATE CAUSE (0) 4 Charles askiller accident
the of the filter		Conditions, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF Chronic Brown Synthesis
th th using		rise to immediate cause (o),
4 to 2 to 7.		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF last
uire Mysi gne urio		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
r req ng p en si ne br	2	THE TENTH OF THE TOTAL CONTINUES OF THE TENTH OF THE TENT
law indii bee ior	CATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
PHYSICIAN: The law re e hospitol or attending his certificate has been stoched for use as the Dept. of Health prior to	CERTIF C	YES NO CAUSES OF DEATH?
or u e e e e e e e e e e e e e e e e e e		21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)
A 등 등 등 등	MEDICAL	OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Day Year (if either, natify medical examiner) P.M. 19
YSI aosp cerl chec	ME	21d INJURY OCCURRED 21e, PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f, LOCATION Street or R.F.D. No. City or Town County State
PHYSICIAI he hospitol this certifica etoched fou i Dept. of Hi		While Not while at wark
NG V ti Ter d a d		
ND A bar A ba A bar A ba A ba A ba A ba A ba A ba A ba A ba		22a I certify that (I) (this haspital) attended the deceased fram 3/7/6, 19, to 1965, that (I) (we) los saw the deceased alive an 1969, and that in (my) (our) apinion death accurred on the date and hour and from the
ATTE etoine CTOR: shoul		couses stated above, (1) (we) (did) (did pat) view the bady after deoth.
OR ATTENDING be retoined by the URECTOR: After the 3 should be do		22b. SIGNATURE 22c. DATE SIGNED 22c. DATE SIGNED
TAL OINTA PER AL DIR		Therefore I former for DEGREE PHYS LI DIRECTOR LI PHYS LI
		PHYSICIAN'S TAMSHID ITAMED 220 ADDRESS TO WAR (Type)
D HOSPI Page 4 n D FUNER director, should t	230	BURIAL, CREMATION, 23b DATE, 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
5 5 5 5 2 5 2 5 2 5 2 5 5 5 5 5 5 5 5 5	1	STYPHIACTON LANGE, 1969 ARLINGTON NATIONAL ARLINGTON, VIRGINIA
VR A15 (4)	79	ADDRESS 250 REGISTRAR 250 REGISTRAR 5 SIGNATURE
30M REV. 1/68	10	on During Song Town, Wed DATE AN 13 1969 filiantes Judge
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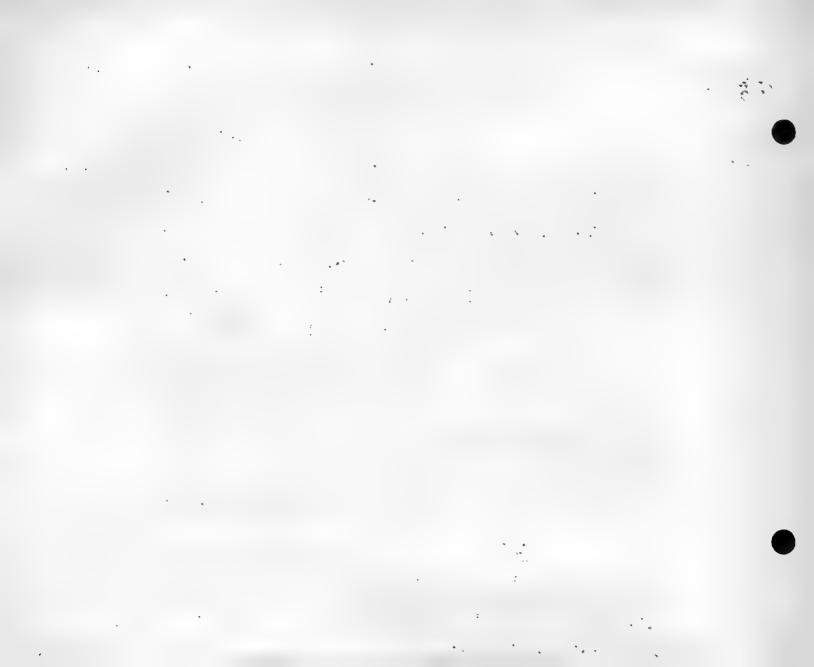
11 0	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
1 4	- -	Item2a FilmGh08 1/13/69 kk CERTIFICATE OF DEATH	66
		I. DECEASED-NAME First Middle Lost 20 DATE OF DEATH	2b. HOUR
to a second		(Type or print) THELMA MEARLE LYON Month 1 Doy 3 3 Year	692:21 _M
<u>a</u>	3.	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (in years list byothday) Months C. March 28 (1018) Months C. Months	EAR OF THE 24 HRS
Page Urs o	_	- where fine 20, 1710 yrs.	
4 haurs d in by: pers. Pa	(70 BIRTHPLACE (State or foreign Country? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH SALTIMORE	Md
within 24 ely filled ban paper	110	110. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120, USUAL OCCUPATION (Kind of work done 125 Kind	of Business or Un Home
executed within 24 haurs after death. Id ampletely filled in by recognition of the papers. Pages only event, within 72 hours after death.	/ D	130 USUAL RESIDENCE (Where deceosed fived, if institution Residence before odmission) STATE Manyland 13b. COUNTY Baltimore Cockeysville YES NO Glenmoore Avenue	
	1 7	14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lester V. Hoshall Irene	Lost
ATENDING PHYSICIAN: The law requires that the death certificate be exected by the haspital ar attending physician. CTOR: After this certificate has been signed by the attending physician and contained be detached for use as the burial-transit permit. Then please the priar to burial, crematian, ar remayal, and in any with the State Dept. of Health priar to burial, crematian, ar remayal, and in any	1	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, op sinknawn) 16b. SOCIAL SECURITY NO. 17. INFORMANT Family information 17. INFORMANT Family information	
certi g ph Then	F	AP	PROXIMATE INTERVAL VEEN ONSET AND DEATH
e death ce attending permit. Th an, ar rem		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) RECURRENT BRAIN TUMOR	EEN UNSEL AND DEATH
ne death attendii permit. ian, ar re		DUE TO, OR AS A CONSEQUENCE OF	***
th the sit the mati		Conditions, if any, which gave tisse to immediate cause (a), (b)	
s that tician. d by the		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
quires tha physician. signed by bural-tran		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
red ng p ns si no bi			
: The law requires th ir attending physician e has been signed by use as the burial-tra oth priar to burial, cre	,	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NOXX 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NOXX 1210. ACCIDENT WAS UNDERLYING 1216. TIME OF INJURY 1216. HOW INJURY OCCURRED (Finer nature of injury in Port 1 or Port 2 Item 18.)	IN CERTIFYING
The attraction of the pass of	시	YES NOXX CAUSES OF DEATH?	
LAN: tal ai ficate for u			
G PHYSICIAN the haspital this certifica detached for e Dept. af He		G CONTRIBUTING CAUSE OF OEATH OFFICE BUILDING, ETC. OFFICE BUILDING, ETC. OFFICE BUILDING, ETC. OFFICE BUILDING, ETC.	Stote
the factor of the Person of th	-1		
by Affer Stat		22a. I certify that (1) (this haspital) attended the deceased from 1/3, 19 68, ta 1/3, 1969, ta saw the deceased alive an 1/3 yiew the bady after death	hat (I) (we) last
TEN Sold AR: 4	н	causes stated abave, (1) (we) (did) (did nat) view the bady after death.	aut and tram the
OR ATTEN OR ATTEN be retained DIRECTOR: A je 3 shauld ed with the	-	22b. SIGNATURE ATTENDING MED STAFF TO 1. 42 CO	
DIR DIR		Mary Q. Lo- M.D. DEGREE ATTENDING DIRECTOR DIREC	
may may RAI	Ĺ	NAME (Type) MARY O. LIM M.D.	
Page 4 may be retained by the haspital ar To FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for u should be filed with the State Dept. af Healt	2	230 BUR AL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County)	(State)
^(7 2	24 FUNERAL DIRECTOR ADDRESS 25g_ REC'D BY REGISTRAR 25b_ REGISTRAR S SIGNATURE	
30M REV. (18	K	24 FUNERAL DIRECTOR John Burns' Sons, Towson, Maricland 250 RECTOR BY REGISTRAR S SIGNATURE DATE 250 RECTOR BY REGISTRAR S SIGNATURE DATE DATE 1 969	der.



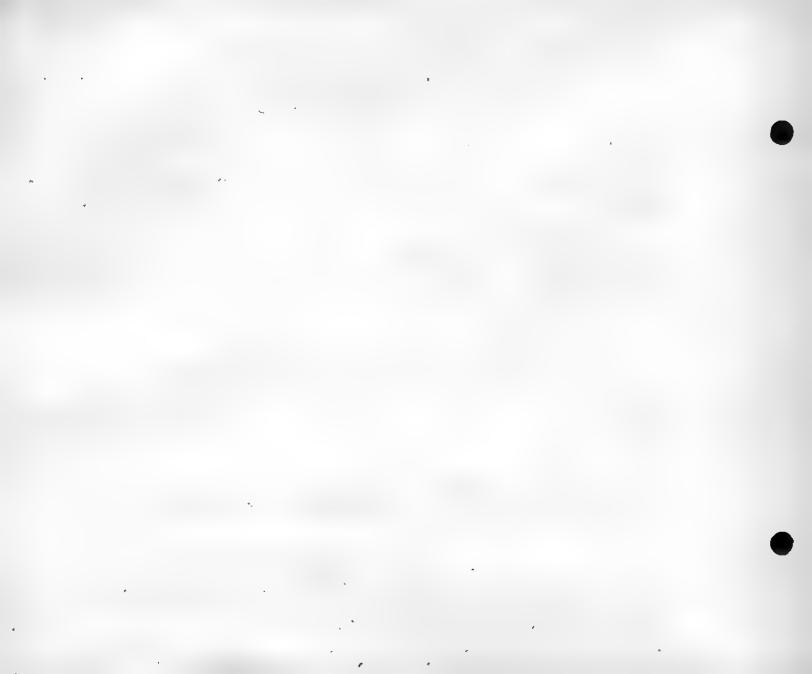
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\$	00471	DIVI	SION OF VITAL RECORDS	CFRTIFICA	STON STREET, BA TE OF DEATH	LTIMORE, MA 1	RYLAND 21201	00469	
£ 7£	1 DECEASED-NAME	First	Middle	- CERTIFICATION	tast	2a. DATE O	F DEATH		2b. HOUR
er death. funeral 1 and 2 ier death.	(Type or print)	Marv	E.	M	AHER		Month Do	Year	250 PM
# 15 m	3. SEX		TACE		DATE OF BIRTH	1891	6 AGE (In years	1202	UNDER 24 HRS.
24 hours after death. On by the funeral persons 1 and 2 (2 nours, offer death.	Female		White		January 5,	1890	and birthday)	MORTHS DAYS HE	OURS MIN
	70 BIRTHPLACE (Stote or	oreign 7b Cl	FIZEN OF WHAT COUNTRY?		NEVER MARRIED	9. COUNTY O	F DEATH		
lled in by	Maryland		U.S.A.	WIDOWED 🔀	DIVORCED [Balti	more.		MA
O.E.	10 CITY OR TOWN OF DEA	TH	11 NAME OF HOSPITAL OR II	NSTITUTION (f not i	n hospital 12a US	SUAL OCCUPATION	(Kind of work done	126 KIND OF BUS	INESS OR
event, wit	Towson		give street oddress) St. Joseph	Hospita	1 duning	most of warking tomomake	life, even if retired)	INDUSTRY	
n any event, w	130. USUA, RESIDENCE (WI	nere deceosed Hive	d, if institution, Residence before			100, 3	TREET AND NUMBER		
any ev	odm.ss an) STATE Maryland	131	. COOM?	Baltimo	re YES	No □ 31	02 Batavia	Ave.	
+		irst Do	Middle Lost	is w	OTHER'S MAIDEN NAME Mary E.	first Kelly	Middle		LOS†
£		Raj		112 112		Verry			
ava l, and ir	16a. WAS DECEASED EVER Yes, na, ar unknown)	IN U.S. AKMED FOI (Il yes give war or date	RCES? 16b SOCIAL SECURITY		ss Mary B	. Maher	Address Same		
1	In cause of pear	1.65			1217 2 1			APPROXIMATE	JATER JAI
191	PART I. DEATH	WAS CAUSED BY:	cause per line for (a), (b), and (a					BETWEEN ONSET	AND DEATH
cremation, ar remava	くりケン	IMMEDIATE CAU	SE (a) Pulmonar	•	<u>oembolism</u>	 			
burial-transit permit. The burial, cremation, ar remo	Canditions, if any, w		UE TO, OR AS A CONSEQUENCE O						
eme	rise ta immediate a	ause (o),	(b) UE TO, OR AS A CONSEQUENCE OF				-		
, c	stating the underly	ng cause	(c)						
2	PART 2. OTHER SIGN	FICANT CONDITION	S CONTRIBUTING TO DEATH BUT I	NOT RELATED TO TH	E TERMINAL DISEASE O	R CONDITION GIVE	N IN PART 1(a)		
,	19a. DATE OF OPERATION 19a. DATE OPERATION 19a. DATE OF OPERATION 19a. DATE OF OPERATION 19a. DATE	ON 196. CONDIT	ON FOR WHICH OPERATION WAS P	ERFORMED	20a. AUTOPSY?	20b. I	F YES, WERE FINDINGS	ONSIDERED IN CERTI	FYING
1	[1/25/69	Chole	cystitis		YES NO	CAUSE	S OF DEATH?		
			TOUR A.M. Month Day Yea	21ε. HOW	INJURY OCCURRED (En	iter nature of inju	ry in Port 1 or Port 2,	Item IB.)	
	(If either, notify med	ical examiner)	P.M.	19					
	21d INJURY OCCURR While Not while	ED 21e. PLACE	OF INJURY (AT HOME, EARM, STREET F. OFFICE BUILDING, ETC.	ACTORY) 21F LOCAT	ION Street or R.F.D	Na. City	r or Town	County	State
	di wurk - di work					-	-11		
	22a. I certify th	ot 🔼 (this hos	pital) attended the decease	sed from 1/2	. <u>5/</u> , 19	69_, to	1/27/ 19	_69 , that (4)	(we) last
	causes stat	ed abaye, (I) (we) (did) (did nat) view the	bady after dec	ith.	pinion death	accurred an the di	ote ana nour ond	1 from the
	22b S GNATURE	11/1	111 -			AAF D	22c.	DATE SIGNED	
	Church	Allered	nd phips	DEGREE	ATTENDING PHYS	DIRECTOR	STAFF X 1/	27/69	
0)	22d. PHYS CIAN'S NAME (Type)				22e ADDRESS		Ф М	4 07 00h	
- 1			Feliciano, M.		4		Towson, M	n. CTCOA	
10	23g BURIAL, CREMATION REMOVAL (Spendy)	23b DATE	23c NAME OF	CEMETERY OR CRE	MATORY	23d .OCATI	ON (Cty or Town) LMOTO Mary	(County) (S	Store)
Y	24 FUNERAL DIRECTOR	1/3	1/69 Holy		Cemetery				
18	Teonard J.	Ruck Inc	. 5305 Harford	Road 21	יורפ	BY REGISTRAR	1969 REGISTRAP	SIGNATURE CAN	1ge
17					DATE	nu 9 A	1700		



			MARYLAND STATE DEPARTMENT OF HE	
1		DIVISION	I OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIM	ORE, MARYLAND 21201
47		10472	CERTIFICATE OF DEATH	00467
7. 2.3. H		EASED-NAME First	Middle Lost	20 DATE OF DEATH 2b. HOUR
eat of the	(1	pe or print) WILLIAM	A. MAS CREHAN	JAN Month 30 Doy 1969 M
5 E (a)	3 SE		S DATE OF BIRTH	6. AGE (In years F JHDER I YEAR IF UNDER 24 HRS.
urs after death		M	W JUNE 17,1	
2 2 0	7o. E	ry)	MIAKKIEU WAKKIEU	COUNTY OF DEATH
4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	10 0	MASS U	1) NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL	BALTIMORE Md OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR
	10 €	ESSEX		of working life, even if retired.)
ad v	130.	ISUAL RESIDENCE (Where deceased lived, if i	institution. Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMIT	57 13e. STREET AND NUMBER
e executed wi		sion) STATE M. D. 13b COU	13/12/0, 23381	JI ULLUIVIOU I D
and rem	14 F		Idle Lost 15. MOTHER'S MAIDEN NAME First	
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ertificate be physicion a sen please ioval, and in	160 Y	WAS DECEASED EVER IN U.S. ARMED FORCES? s. no. or unknown) (If yes give war or dates of sen	16b SOCIAL SECURITY NO. 17 INFORMANT	Address
phy en ovo	_			CREHAN ABOVE
ATTENDING PHYSICIAN: The law requires that the death certificate be executed with etained by the hospital or ottending physician. CTOR: After this certificate has been signed by the ottending physician and completely should be detached for use as the burial-transit permit. Then please remove corban with the State Dept of Health prior to burial, cremation, arremoval, and in any event, with		18. CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)	per line for (o), (b), and (c)) CON AESTI VE AFART	FAILURF BETWEEN ONSET AND DEATH
dea then rrmin n, or				
the or th		Conditions, if ony, which gove)	OR AS A CONSEQUENCE OF ARTERIOSCLE POTIC	CAPPIOL, DISTACE
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es t sicio sid b sid b lal-tra		lost.)	
equires thot the physicion. signed by the burial-transit burial, cremat		PART 2. OTHER SIGNIFICANT CONDITIONS COM	TRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CO.	IDITION GIVEN IN PART 1(o)
ng he he	丟			
The law rottending has been se os the h prior to	CATIC	190. DATE OF OPERATION 19b. CONDITION F	OR WHICH OPERATION WAS PERFORMED 200. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
The off has has	CERTIFICATION		YES NO	
I or cote or u		210. ACCIDENT WAS UNDERLYING 216 T		oture of injury in Port 1 or Port 2, Item 1B.)
pite prife of the	MEDICAL	(If either notify medical examiner)	P.M. 10	
IDING PHYSICIAN: 1 d by the hospital or After this certificate d be detached for us s State Dept of Healt	至		JURY (AT HOME, FARM, STREET, FACTORY) 21F. LOCATION Street or R.F.D. No.	City or Town County State
7 + + + + + + + + + + + + + + + + + + +		at work — at work —	attended the decored from All (0-1-61) 196	
Afre Street		sow the deceased alive on	ottended the deceosed from 1967, and that in (my) (our) opini	on deoth occurred on the dote and hour and from the
Belging H		couses stoted obove, (I) (we)	(did) (did not) view the body after deoth.	
R Al		22b. SIGNATURE	DEGREE PHYS DIR	O. STAFF COLOR D
o l'o pe		22d. PHYSICIAN'S	20. ADDDECC	ector in Phrs. in 1970
Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept of Health prior to burial, and		NAME (Type)	SIKU, VK., MID. 803	
FUN FUN FUN	23o	BURIAL, CREMATION, 23b. DATE	16	23d LOCATION (City or Town) (County) (Stote)
		REMOVAL (Specify) 2/1/	64 DAK LAWN	BALTO. MD.
VR A15 (9)	24	UNERAL DIRECTOR	ADDRESS 250, RECD BY	REGISTRAR 25b. REGISTRAR'S SIGNATURE



_	MARYLAND STATE DEPARTMENT OF HEALTH
~	00475 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00468
	CERTIFICATE OF DEATH
± −2±	I. DECEASED NAME First Middle Lost 20. DATE OF DEATH 2b HOUR
dea and dea	John T. MAENNER January 8, 1969 250p M
fur fur fer	3. SEX 4 RACE S DATE OF BIRTH 6 AGE (n years F UNDER PEAR F UNDER 24 MRS
ours after death. by the funeral Pages I and 2 qurs after death.	Male White December 13, 1917 St birthday MOHINS DAYS HOURS MAN
- SE 159 5	TO BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COLINTRY? 8 MARRIED TO NOTICE OF THE PROPERTY OF THE PROPER
"是"	Maryland U.S.A. W DOWED DIVORCED Baltimore,
page 1	10 CITY OR TOWN OF DEATH 11 NAME OF HOSP TALOR INSTITUT ON (If not in bosontal 120 USUA) OF CIPATION (Kind of work done 120 VIND OF D. CINCE OR
executed within 24 hours after death to completely filled in by the funeral smove carbon proper. Pages 1 and 2 any event, within 72 any safter death	que street address) during most of work no life even fretred \ INDISTRY
ecuted with completely ove carbon y event, with	130 USUAL RES DENCE (Where deceased lived, if institution, Residence before 137 (TTY OR TOWN) 32 INSPECTS IN ITS
smple covern	Maryland Baltimore Baltimore YES NO X 3416 Orlando Ave.
executing complete co	4 FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Lost
- F	
that the death certificate bian. by the attending physician transit permit. Then please crematian, or removal, and i	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO 17 INFORMANT Address
\$ 1 S A -	Yes, no_ar unknown) (If yes give war or dates of service)
p pk	
ding it	PART I. DEATH WAS CAUSED BY
dec dec fren fren , or	IMMEDIATE CAUSE (o) Excaverat Resorters person
the a	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove
y th y th insi	rise to immediate course (a), (b)
s the cian do by the	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
The law requires that the death certificate attending physician, has been signed by the attending physician se as the burial-transit permit. Then pleas the prior to burial, cremation, or removal, and	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINAL DISEASE OR CONDITION G VEN IN PART 1(a)
req ng p nsi ne bi tabu	hantible carely defeat.
e law tendin is bee as th priar t	19G. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR ATTENDING PHYSICIAN: The law rebe retained by the haspital ar attending DIRECTOR: After this certificate has been as 3 shauld be detached far use as the ed with the State Dept. at Health priar to	YES NO CAUSES OF DEATH?
1: The ar att te ha use oith p	210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Irem 18)
IAN tal c fircat far f He	
rsica aspite certifi hed f	OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Day Year 19 21d NJURY OCCURRED 21e PLACE OF INJURY (AT MOME FARM STREET, FACTORY) 21F LOCATION Street or R.F.D. No. City or Town County State
DING PHYSICIAN: I by the haspital ar After this certificate be detached far State Dept. at Heal	While Not while Not while
NG the de de de de	Jul Work of Work
Aff Aff	saw the deceased give on 1/8/ 1969, and that in (raw) (aur) anining death accurred an the date and hour and from the
ATTENDING etained by the CTOR: After is should be d	22a certify that (this haspital) attended the deceased fram 1/7, 1969, ta 1/8, 1969, that (4) (we) last saw the deceased alive on 1/8, 1969, and that in (phy) (aur) apinian death accurred an the date and haur and from the causes stated above, (1) (we) (did) (did) (did) (althor) view the bady after death.
R ATTENI retained ECTOR: A 3 shauld with the	22b SIGNATURE 22c DATE SIGNED
OR be r	DEGREE PHYS DEGREE PHYS D. RECTOR D. STAFF PHYS D. 1/8/69
TAL AL Page File	PHYSICAN'S INES CILLIAN; M.D., 22e ADDRESS 7620 York Rd., Towson, Md. 21204
Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. af Health priar to	
HO Ige FUI	230 BURIA., CREMATION, PEMOVA (Sept. 1) DATE 230 NAME OF CEMETERY OR CREMATORY 23d .OCAT ON (City or Town) (County) (Stote)
50 50 p	Buria Jan. 11, 1969 St. Mary's Church Govans, Md.
VR AISO	24 FUNERAL DIRECTOR H.W. Jenkins & Sons Co. 4905 York Rd. 1250 REC'D BY REGISTRAR 236 REGISTRAR 256 REGISTRAR 256 REGISTRAR 31969
45M	n.w.Jenkins & Sons Co. 4905 York Rd.



1	1	20181	DIVISION OF VIT	MAKTLAND SI7 AL RECORDS, 301 V			MARYLAND 21201	00194	
•		00471			FICATE OF D			00470	,
inneral I and 2 er death		CEASED-NAME First ype or pnnt)	SIE	Middle	Lost		ATE OF DEATH Month OC DOY	10 C Y80F	2b. HOUR
er de	3. SE	ET	A RACE	MARVEL	S. DATE OF BIRT		uary Month 26, Doy		UNDER 24 HRS.
	J. 30	^ Female	Whi	te		2, 1880	lost birthdoy) 88 YRS.		HOURS MIN
		BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT CO		RIED NEVER MARRI		TY OF DEATH		
	coun	Germany	U.S.A.		WED X DIVORCE		1timore		Md
10	10. C	TY OR TOWN OF DEATH Catonsville	11 NAME O giye street Summ	FHOSPITALOR INSTITUTIO oddress) it Nursing	N (If not in hospital Home		AT.ON (Kind of work done orking life, even if refired.) Caterer	126 KIND OF BUI INDUSTRY	SINESS OR
		USUAL RESIDENCE (Where deceoses ssion) STATE Marvlan	13b. COUNTY	Da	ILIMOTE		3e STREET AND NUMBER 3019 Ohio Ave	enue	
7	14. F	ATHER S NAME First	Middie	Lost	15. MOTHER 5 MAIL		Middle		Lost
		Unknown	Wer	nsdorfer		Unknown	Hot	ffman	
		WAS DECEASED EVER IN U.S. ARM	er or dotes of service)	SOCIAL SECURITY NO.	17 INFORMANT		Address		21227
	No			17-32-7902A	Mr. Will	iam T. Ma	rvel, 2019 Ol	nio Avenu	E INTERVAL
		1B. CAUSE OF DEATH (Enter onl PART I, DEATH WAS CAUSED	98Y ₹ž	(o), (b), ond (c).)	1. 1. 2/10	Acres 6 a. 1	0.41. 6.	BETWEEN ONSE	AND DEATH
		4123 IMMEDIA	TE CAUSE (o)	CONSEQUENCE OF	July Coll	THELLIGICAL S	a court	1.66	LGRO
buriai, cremanian, ar removal, and in any evem,		Conditions, if any, which gave	(b) • S	Lucant.	artise	2 sele	20001	2	
		rise to immediate couse (a), stating the underlying couse	DUE TO, OR AS A	CONSEQUENCE OF					
		lost.	(c)						
		PART 2 OTHER SIGNIFICANT CON	DHOUZ CONTRIBUTING	TO DEATH BUT NOT KELA	TED TO THE TERMINAL T	DISEASE OKCONDITION	GIVEN IN PART I(0)		
	NOITN	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH O	PERATION WAS PERFORME	20g. AUTOPS	37?	206. IF YES, WERE FINDINGS C	ONSIDERED IN CERT	FIFYING
X	CERTIFICATION				YES 🗀	NO 🗆	CAUSES OF DEATH?		
\$° 1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT		JRY onth Doy Year	To HOW INSURY OCCU	RRED (Enter nature	of injury in Port 1 or Port 2,	Item 1B.)	
	MEDICAL	(If either, notify medical examin	er) P.M.	19					
	~	21d. INJURY OCCURRED 2Je. While Not while of work	PLACE OF INJURY (AT HI	OME, FARM, STREET, FACTORY,)	If, LOCATION Street	or R.F.D. No	City or Town	County	Stote
		22a. I certify that (I) (thi	s haspital) attende	d the deceased from	n, 1948			15/ , that (
		saw the deceased a causes stated abave	ive an 778	ant) view the body of	∥and that in (my) fter death.) (aur) apınian de	earn accurred on the do	ite and havr an	id fram the
		22b_SIGNATURE	7,7, (110),(0.11),(0.11)	/'		- C MCD		DATE SIGNED	
		Laurai	1 Mal	Rida	DEGREE PHYS	DIRECTOR	STAFF	-27-6	9
		22d PHYSIC AN'S NAME (Type) D.P	Alagia		22e ADDRE	SS Frederick	Avenue Ra	lto., Md	21228
١	230	BURIAL, CREMATION, 23b. I		23c. NAME OF CEMETER			OCATION (City or Town)		(State)
0		DEMOVAL (Specific)	9-1969	Woodlawn			odlawn, Balt	imore Co	
	24	FUNERAL DIRECTOR		ADDRESS	21220	So REC'D BY REGIST	RAR 25b REGISTRARS	SIGNATURE	
86\	I II	oward H. Hubbai	a. 410/ W1	ikens ave.	21229	DATE A IV Z. U	THINY INCOME	The Varda	4



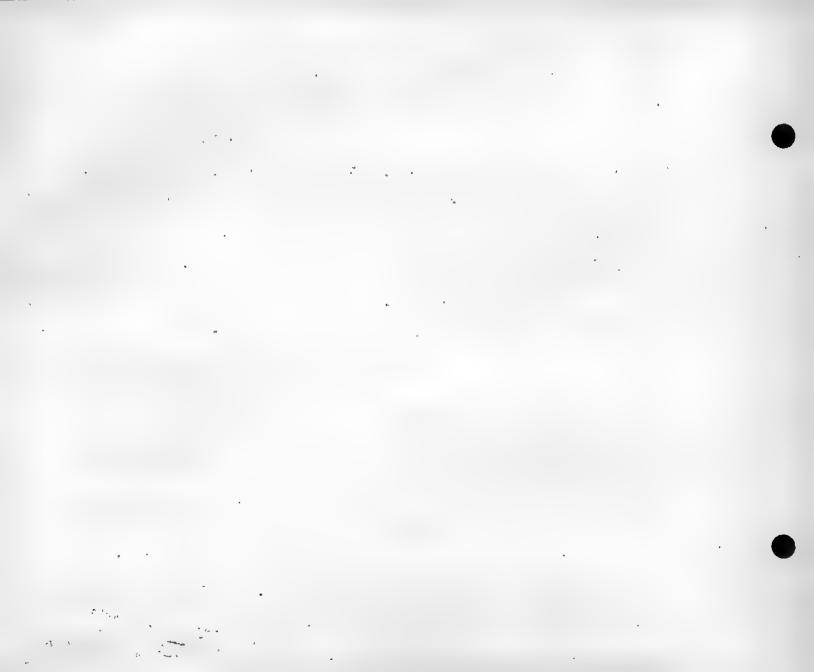
	♦ U 4 V → DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	It willo, Filmg' of MEDICAL EXAMINER'S CERTIFICATE OF DEATH	(1)
HEALTH DEPT.	1 DECEASED-NAME First Middle Lost 20 DATE KNOWN Month Day Year	2b HOUR
~ 5 8 7±	(Type or Print) FLORENCE ALICE MASKOL OF ESTI- DEATH MAIED Jan. 20, 16	9 9:40
Pog 3	3 SEX 4 RACE S DATE OF BIRTH 6 AGE IN years If JNDER 1 YEAR IF UNDER 24 HRS 2C DATE PRONOUNCED DEAD	2d HOUR
ny delay is 2, and 3 to PM3. Page parhagan of		699:40M
any de l'. 2, ond m. PM3.		
-E SXX	70. BIRTHPLACE (Stote or foreign country) Maryland U.S.A. 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED DIVORCED Baltimore	Alle
orth ages shate	10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF	BUSINESS OR
offer death 8. Give Pages 1, olong with form with the State De	Towson give street oddress) 104 Dunkirk Road during most of working life, even if retired) INDUSTRY	
Give ng ng ng ng	130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d PASIOT CTY LIMINS? 13e, STREET AND NUMBER	
s ofter 18. Gr olong with death	odmission) STATE Maryland 13b COUNTY Balto. YES NO 104 Dunkirk Road	
Item 18		Lost
	14. FATHERS NAME First Middle Lost IS MOTHERS MAIDEN NAME First Middle Edward J. McCall Lillian Andrew	
	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 1866, SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
	(Yes, No or unknown) (Hyes give wor or dates of service) 212-01-8213 Lucille M. Butler Stevenson, Maryland	
_ w w _	18 CAUSE OF DEATH (Enter only one couse per time for (a), (b), and (c)) APPROXIM	MATE INTERVA.
ing in ing in edical E ermit. F	PART I DEATH WAS CAUSED BY: Totter motomorphogic of lives	NSET AND CEATH
ld be executed rd "pending" in Chief Medicol B -transıt permit. I ny event within	IMMCDIATE CAUSE (o) FACTLY THE CAMBODITION IS OF TIVET	
	Conditions, if ony, which gave	
vord the Chi	rise to immediate couse (a). stoting the underlying couse (DUE TO, OR AS A CONSEQUENCE OF	
woo	lost.	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	-
This certificate inate, writing the be forwarded to do be used as or removal, and		
certifi , writi orwan used moval	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTO	PSY?
	WAS PERFORMED?	NO 🗆
INER: This e certificate, should be fo files. 3 should be u as should be u	210 EXTERNAL CAUSE WAS 210 TIME OF INJURY Month, Doy Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, from 18.)	
INER: T e certifica should b files. 3 should atton, or	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 121e PLACE OF NURY (At home form street. 21f IOCATION Street or R.F.D. No. City or Town County	
		Stote
EXAM Ute th Uge 4 Your Page Crem	WHILE NOT WHILE AT WORK AT WOR	
		my opinion
SICAL E	death resulted fram: Natural causes X, Accident , Suicide , Homicide , Undetermined manner	my opinion
please e l director retoined . DIRECT.	CHIEF MEDICAL EXAMINER	
ry, please ry, please be retoin RAL DIRE prior to	107000	
UTY Dero Dero Pr	DEPILITY MEDICAL EVAMINED 1/20/69	
O DEPUTY DICAL Energy please executive for the funeral director. Page may be retained for 5 may be retained for 5 HUNERAL DIRECTOR: Health prior to buriol,	EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D. ADDRESS(Street, city town, or county)	
TO DEPUTY necessory, the funer 5 moy be TO FUNERA Health pr	230 BUR AL (REMAT DN, 236 DATE 230 NAME OF (EMETERY OR CREMATORY 23d LDCAT ON (City or Town) (County)	(Stote)
	REMODULE Late 1-23-1969 Mount Maria Towson, Maryland	
0.0	24 FUNERA DIRECTOR ADDRESS 250 REC D BY REGISTRAR 256 REGISTRAR SIGNATUSE	<u></u>
VR A15ME (5)	Wm. Cook-Brooks Towson 1050 York Road 21204 Dint N 2 2 1969	

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 30473 00472 CERTIFICATE OF DEATH Last DECEASED-NAME First Middle 2a. DATE OF DEATH 2b, HOUR **D FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the flueral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages²⁷ and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with n 72 haurs after death (Type or print) O^{Mpnth} **JESSIE** Harrison MASON 4. RACE S. DATE OF BIRTH IF UNDER I YEAR F JNDER 24 HRS 3 SEX 6 AGE (In years last-brithday) 12-07-91 MALE CAU executed within 24 haurs 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED 📉 NEVER MARRIED COUNTRY) Maryland campletely filled in DIVORCED [BALTIMORE WIDOWED -10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not us hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR TER 1 115 rator INDUSTRY TOWSON, MARYLAND MED. CEN Advertising 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c, CITY OR TOWN 3d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 136. COUNTY Rodgers Forge Md odgersFor 14 FATHER'S NAME Middle IS MOTHERS MAIDEN NAME First Middle First William Gertrude E. Sachs Mason requires that the death certificate 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Yes no er unknown) I (If yes give wor or dates of service) 215129182A Mrs. Thora E. Mason-Same APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c))
PART I. DEATH WAS CAUSED BY.

PES DIRATION BETWEEN ONSET AND DEATH RESPIRATORY ARREST 5 MIN IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) CHRONIC EMPHYSEMIA & PNEUMONITIS 2 YRS. nse ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO X YES [21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c, HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21e PLACE OF INJURY 21f LOCATION Street or R F.D No. 21d. INJURY OCCURRED City or Town County State While Not while at wark 220. I certify that (I) (this hospital) attended the deceased from 1-09, and that in (my) (aur) opinion death accurred on the date and hour and from the causes stoted obove, (I) (we) (did) (did nat) view the bady ofter death 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF MY) DEGREE PHYSICIAN'S 22e. ADDRESS FRIEDLANDER NAME (Type) BARRY 6701 N. CHARLES STREET 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) 230 BURIAL, CREMAT ON (County) Cremata Citon Greenmount Crematory Baltimore. J. Ruck Inc. Balto.Md. 21214 DATE



_ 1	MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	CERTIFICATE OF DEATH	
2	EASED-NAME First Middle Last 2a. DATE OF DEATH 2b	HOUR
deoth nneral and 2 death.	Pe or print; ALVERTA Q: MAYERS / Manth 17 Day Greg; 6	39 M
Softer The Party of the Party o	F 4. RACE S DATE OF BIRTH 6. AGE (In years I FUNDER I YEAR I FUND MONTHS DAYS HOUR: 9/24/1385 S 3 YRS.	DER 24 HRS
4 hour 72 hour 72 hou	RTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH TY) Md. DIVORCED BAITIMORE	Md
execyted within 24 hours nd completely filled in by emove carbon popers and ony event, within 72 hours	1. NAME OF HOSPITAL OR INSTITUTION (if not in haspital) 1. NAME OF HOSPITAL OR INSTITUTION (if not in haspi	SS OR
ompleti eve carl	ISUAL RESIDENCE (Where, deceased lived if notitulian: Residence before 13c CITY OR TOWN 13d INSIDERITY JM 137 13a STREET AND NUMBER STATE Md 13b COUNTY BAITO CATOUS WILL PED 100 140 CACRAVHIII Residence STATE MAD 140 CACRAVHII RESIDENCE S	1
and con trin only	THERS NAME First Middle Lost IS MOTHERS MAIDEN NAME First Middle Los	7
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 moy be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 should be detoched for use as the burnal-transit permit. Then please remove carbon papers should be filed with the State Dept. of Health prior to burnal, cremation, or removal, and in any event, within 72 hours.	NAS DECEASED EVER IN LS ARMED FORCES? S no for frix navn) (1 yes give war or dates of service) 16b SOCIAL SECURITY NO 17 INFORMANT R. MAYERS 140 Cherry Hill &	Rd
The law requires that the death certificate attending physician. has been signed by the attending physicianse as the burnal-transit permit. Then pleatth prior to burnal, cremation, or removal, on	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) PRODUCTION IMMEDIATE CAUSE (a) PROCUMATE INTO RETWEEN ONSET AND	
the de he atte it perm ation, u	DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave	
quires that physician. signed by t burnal-trons burnal, crem	toting the underlying cause (c). DUE TO, OR AS A CONSEQUENCE OF (c)	
requir ig physion n signe e burn io burn	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
OR ATTENDING PHYSICIAN: The law rebe retained by the hospital or attending DIRECTOR: After this certificate has been a 3 should be detoched for use as the ed with the State Dept. of Health prior to	90 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO CAUSES OF DEATH?	NG
Or o or o or o or o or o	Ta. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 3 or Part 2 Item 18)	
SICIA spital striffic ed fo	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year If either, notify medical examiner) P.M. 19	
S PHY the hor this ce detoch	21d. INJURY OCCURRED While Not while at work of INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City of Town County twork at work	State
OR ATTENDING PHYSICIAN: be retoined by the hospital or JIRECTOR: After this certificate e 3 should be detoched for u ed with the Stote Dept. of Heo	22a. I certify that (I) (this haspital) attended the deceased fram 1 - 16 , 1967, to 1 - 17 , 1967, that (I) (saw the deceased alive an 17 - 1964, and that in (my) (aur) apinian death accurred an the date and haur and fix causes stated abave, (I) (we) (did) (did not) view the bady after death.	we) last ram the
ATTI CTOR Shou	20 PAST AUGUSTION	
be r DIRE	Dornings C. Saringon DEGREE PHYS DIRECTOR DIRECTOR DIRECTOR 1/17/69	
O HOSPITAL Page 4 moy O FUNERAL I director, pog should be fill	NAME (Type) DOMINGOC, SORONGON M.D. BALTO, Md. 21227	
Page TO FUJ direct show	BURIA. CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City of Town) (County) (Star REMOVAL (Specty) 1/20/69 Nood/AWN	te)
VR A15 (4) 45M - 1/69	Bi Was Mall 30 1 Treplant Rd, DATE 250 REGISTINGS 250/ REGISTRARY BONA THE DATE	



1		00475		301 W. PRESTON STREET, BAL' CERTIFICATE OF DEATH	TIMORE, MARYLAND 21201	00474
deoth.	1. D	CEASED-NAME First ype or print) Mary	M.ddle	Lost McCloskey	20. DATE OF DEATH Janually 29, Day	1969 25. HOURI
whin 24 hours after deoth. filled In by the funeral bof pages. Pages I and 2 within 72 hours after deoth.	3. SI	Female	4. RACE White	s date of birth	6. AGE (In years last burthday) YRS.	IF UNDER 1 YEAR OF UNDER 24 HRS. MONTHS DAYS HOURS MAN.
d hour	7o cou	BIRTHPLACE (State or foreign http://maryland	76. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH Balto.	M
equires that the death certificate be exercised within 24 physician. signed by the ottending physician and completely filled burial transit permit. Then please remove officen popularial, cremation, or removal, and in any event, withing	'	TY OR TOWN OF DEATH		Towson during Towson	IAL OCCUPATION (Kind of work dane post of wark for the even if retired)	12b, KIND OF BUSINESS OR INDUSTRY
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n ond the remoder of in only	14.	Samuel	Middle Last Smith	15. MOTHER'S MAIDEN NAME	First Middle Mary C. Co.	fey
titicate ohysicia n pleos vol, and		WAS DECEASED EVER IN U.S. ARI es, na, ar unknawn) (11 yes gree v	MED FORCES? war or dates of service) 16b. SOCIAL SECURITY N 212-30-72		Address n Stella Mari:	
ath cer nding p iit. The or remo		1B. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per tine far (a), (b), and (c). D BY: ATE CAUSE (a) — Acute A			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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r required physics of purity of purity to purity to burity to buri	_	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(0)	
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this cer letoched Dept. (ME	21d INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME, FARM, STREET FAC	(30RY) 21f. LOCATION Street or R.F.D. N		County State
Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to		22a. I certify that (I) (the sow the deceased of courses stated above	nis haspital) attended the decease plive anl e, (I) (we) (did) (did nat) view the	ed fram, 19_ 9, and that in (my) (our) or hody after death	, to , 19 Dinion death accurred on the da	, thot (1) (we) la: ite and hour ond from th
D HOSPITAL OR ATTENDIN Page 4 may be retoined by O FUNERAL DIRECTOR: After director, page 3 should be should be filed with the Sto		22b SIGNATURE	Lo a Collins		22c.	DATE SIGNED
O HOSPITAL (Poge 4 may b O FUNERAL DI director, poge should be file		22d. PHYSICIAN'S NAME (Type) E. Lo	ee Robbins, M.D.	22e. ADDRESS	kingbird La. Tow.	
Poge 4 Should should	23a	BURIAL, CREMATION, 23b.	DATE 23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or Town) Baltimore, Mar	(County) (State)
VR A15 (4)	24.	FUNERAL DIRECTOR		thedral Cemetery	B REGISTRAR 1969 Sb. ROSS RADS	SIMPLE MARIE
30M REV 1/68	V	m. Cook-Brooks	Towson 1050 York	Road 21204 DATE	,	

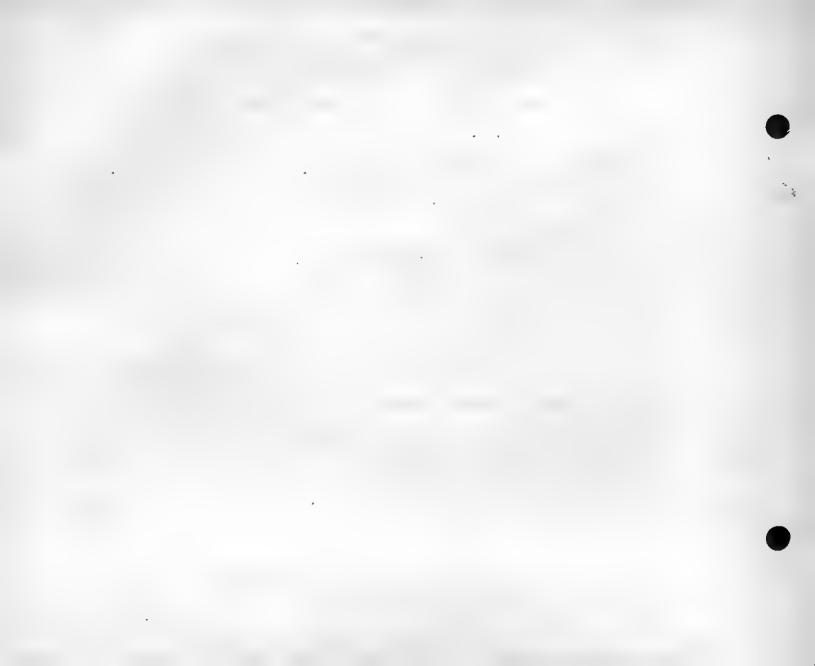
MARYLAND STATE DEPARTMENT OF HEALTH



MAKTLAND STATE DEPARTMENT OF HEALTH



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	1			20100	DIVISION OF	VITAL RECORDS,			IMORE, MAR	YLAND 21201	Or in	
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	r deati	death	(1)	pe ar print) Doro	thy	Hood	McDona	hld		Month Day	Year CP	17 PM
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	ate	E G		WAS DECEASED EVER IN U.S. ARMI	D FORCES? or dates of service)	166 SOCIAL SECURITY I 216-09-02	00			Address		
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	ne death cer attending p	ě.		18. CAUSE OF DEATH (Enter anly	ane cause per li	ne for (a), (b), and (c)		1	1 .		APPROXIA BETWEEN O	MATE INTERVAL INSET AND DEATH
	ath age	27.70	- 1	PART I. DEATH WAS CAUSED IMMEDIA	BY E (AUSE (o)	My	1 Carolie	Sound	amen			
	otte	ď,		4/23		AS A CONSEQUENCE OF						
	the state	t d		Conditions, if ony, which gave)	(b)							
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	law ber	ig.	ATIO	190 DATE OF OPERATION 196. C	OND TION FOR WI	IICH OPERATION WAS PE	RFORMED 20	o AUTOPSY?		YES, WERE FINDINGS (ONSIDERED IN C	RTHEYING
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	CCA ital ital for	Ę.	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH		Manth Day Year						
	IYSI Dasp cer cer chec	pt. c	MEI	21d INJURY OCCURRED 21e I		AT HOME FARM STREET FAR OFFICE BUILDING, ETC.		N Street or R.F.D. No	City	ar Town	County	Stote
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	ING by 1 fter be 0	tat		22a. 1 certify that 🕒 (this	hospital) atț	ended the deceas	ed fram De	3C • 3 , 19	62 to	7 - 8 , 19	69, that	
_	TENDING PHYSICIAN: ined by the haspital ar DR: After this certificate auld be detached for u	he h		saw the deceased ali couses stated abave,	ve on/ (I) (we) (did)	Thidact view the	9 <u>© Z</u> , and that body after death	t in (my) (eet) op	inion death o	occurred an the do	ate and haur	and fram the
	ATT stair Shais	÷		22b SIGNATURE /	130	your mental the same				27 296	DATE SIGNED	
	OR ATTENT be retained SIRECTOR: A	β		Illita	I lec	GECO O	DEGREE	PHYS L!	MED DIRECTOR	STAFF PHYS 12	-8-10	
	AL dy b	Įį į		22d. PHYSIC ANS 1/	-to 12	2 / 1	1 n n	22e. ADDRESS SPR	ING GRO	VE STATE	IOSPITAI	
	ERA	d be		NAME (Type) / CE	814 10	11/1/80	2/19	Bal	timore,	Maryland	21228	
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	VR	2 Page	24	FUNERAL DIRECTOR	10	ADDRESS	0		BY REGISTRAR	25b REGISTRAR'S	SIGNATURE	
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1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	CERTIFICATE OF DEATH	00477
	ASED-NAME First Middle Last 20 DATE OF DEATH or or print) LOUIS P. MC FADDEN Manth 20y	2b. HOUR 3
	5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	FUNDER I YEAR IF LINDER 24 HRS ONTHS DAYS HOURS MIN
	HPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED X NEVER MARR ED 9. COUNTY OF DEATH Naryland U.S.A. WIDOWED DIVORCED Baltimore	Mi
;	Towson greater of the Hospital dung most of artiful is even if the tired Supervisor we	12b KIND OF BUSINESS OR INDUSTRY Stern Elec.
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	Edward L McFadden Estelle	Leight
	AS DECEASED EVER IN U.S. ARMED FORCES? no, or unknown) (if yes give wer or dotes of service) 16b. SOC AL SECUR.TY NO 216-03-5660 A Mrs Eliner M McFadden Same	
	CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c) PART I DEATH WAS CAUSED BY MMEDIATE CAUSE (o) Cerebral Vascular Insufficiency) Insufficiency DUE TO, OR AS A CONSEQUENCE OF Out ons, if pry, which gave (b) Cerebral vascular arteriosclerosis.	APPROX MATE INTERVAL BETWEEN ONSEE AND DIAIN
	e to immediate cause (a). (b) CSTEDIAL VASCULAL (CONTRIBUTION OF AS A CONSEQUENCE OF (c) (c) (d) (e) (DETAIL VASCULAL (CONTRIBUTION OF AS A CONSEQUENCE OF A CONTRIBUTION OF	
K	DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONS YES NO CAUSES OF DEATH?	
	TO ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Manth Day Year P.M. 19 d INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hern OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Manth Day Year P.M. 19 d INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hern 19 d INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hern 19 d INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hern 19 d INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hern 19 d INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hern 19 d INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hern 19 d INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hern 19 d INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hern 19 d INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hern 19 d INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hern 19 d INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hern 19 d INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hern 19 d INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hern 19 d INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hern 19 d INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hern 19 d INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hern 19 d INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hern 19 19 d INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hern 19 19 19 19 19 19 19 10 10 10	
	hile at while at work Native that (Native that the deceased from 12-30, 19 68, to 1 - 2, 19 68) and that in (my) (aur) apinian death accurred an the date causes stated above, (1) (we) (did) (did not) view the bady after death.	Caunty State That (1) (we) last and have and from the
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-	Lorna Gaudiel, M.D. 7620 York Rd., Paltimore.	(Caunty) (State)
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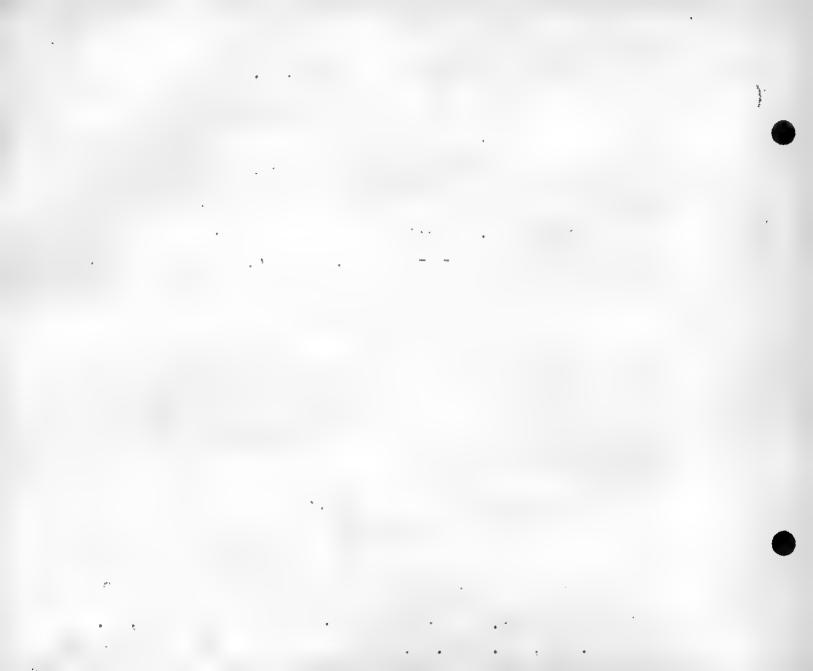
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3	. SEX			4 RACE			S. DATE OF E	BIRTH		6. AGE (In ye	ars	IF UNDER 1 YEAR	IF UNDER 24 HRS.
		Female			Caucasian		Decem	ber 2.	1909	9 1057 017700	YPS.	MONTHS DAYS	HOURS MIN.
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Ŀ	120/	ee, or unknown) (If ye	No	ne			Family	re cord	3			(4)0.4(5)	
1	38	. CAUSE OF DEATH (Ent			ine for (a), (b), and ())						BETWEEN OF	NATE INTERVAL NSET AND DEATH
		PART I. DEATH WAS C	MEDIATE	r: CAUSE (a)	Acute myo	cardia	al infar	ct					
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l	a 📖	either, notify medical e	(aminer)	CE OF ILIUDY		19 403087 V 214	LOCATION See	et or DED No		City or Town		County	State
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ı	27	26 SIGNATURE	/	10	Ran		ATTEND	ING A	MED.	STAFF IN		ATE SIGNED	
ı			1 au	60.	1 Srow,	2. 1/ D	GREE PHYS.		MED. DIRECTOR	D STAFF		1/20/69	
1	22	d. PHYSICIAN S NAME (Type)	harl	05 C	Brown, M.	D	22e. AD		1-1-1	more Medi	cal (Contar	
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physician and compen physician and compen please remove oval, and in any eve	16a WAS DECEASED EVER IN U.S. ARMED	FORCES? 16b SOCIA, SECURITY No. 218 09 58		VA HOSPITAL FT H	OWARD, MD.
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death to Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending director, page 3 shauld be detached for use as the buriol-transit permit. It should be filed with the State Dept. of Health prior to buriol, cremation, ar remit with the state Dept. of Health prior to buriol, cremation, ar remit with the state Dept. of Health prior to buriol, cremation, ar remit with the state Dept. of Health prior to buriol, cremation, ar remit with the state Dept. of Health prior to buriol, cremation, ar remit with the state Dept. of Health prior to buriol, cremation, ar remit with the state Dept. of Health prior to buriol, cremation, are the state Dept.	Canditians, if any, which gave rise to immediate cause (a). Stating the Inderlying cause last PART 2 OTHER SIGNIFICANT CONDITION THROWN BOSIS OF RIPORTY IN THE CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner) 21d INJURY OCCURRED While Not while at wark 220. I certify that (b) (this heave the deceased alive causes stated obave, (x) 22b SIGNATURE 22d. PHYSICIANS NAME (Type) ERHARD	DUE TO, OR AS A CONSEQUENCE OF (b) BRONCHOPNEL DUE TO, OR AS A CONSEQUENCE OF (c) ONS CONTRIBUTING TO DEATH BUT NO CHT INTODLE CEREBE DIT ON FOR WHICH OPERATION WAS PERI 1216. TIME OF INJURY HOUR A.M. Month Doy Year P.M. 19 CE OF INJURY (AT HOME FARM STREET, FACTO OFFICE BUILDING ETC. OSPITAL) OFFICE BUILDING ETC. 19 WWe) (did) (COCOUNT) VIEW the building of COCOUNTY J. BUNYOR, M. D. 23c NAME OF CO. BALT INTO BRONCH AND CONTRIBUTION ADDRESS WILSON	PRELATED TO THE TERMINAL DISEASE OR COLLAR ARTERY, LEFT HE CORMED 20a AUTOPSY? YES NO 21c. HOW INJURY OCCURRED (Enter DRY.) 21f LOCATION Street or RFD No 1 from 1/17/68, 19 nody after death. DEGREE ATTENDING ME PHYS. DIE 22e-ADDRESS HT HO	CAUSES OF DEATH? CITY OF TOWN CITY OF TOWN STAFF X CECTOR STAFF X WARD, MARYLAND 23d LOCAT ON (CITY OF TOWN) BALTIMORE, MARY	Caunty State , that (IK(we) last te ond hour and fram the DATE SIGNED 1/111/69 (County) (State) IAND SIGNAL RE



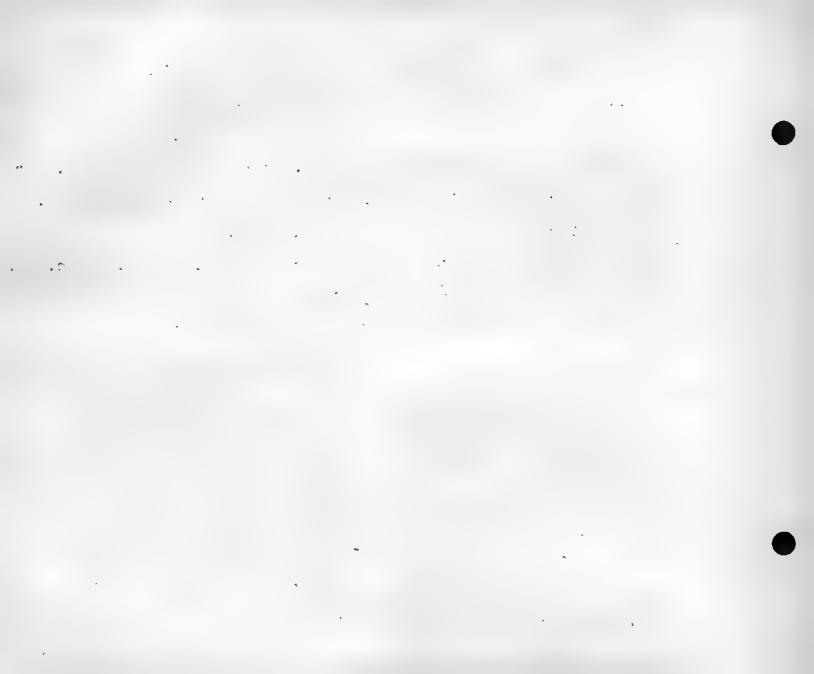
MARYLAND STATE DEPARTMENT OF HEALTH



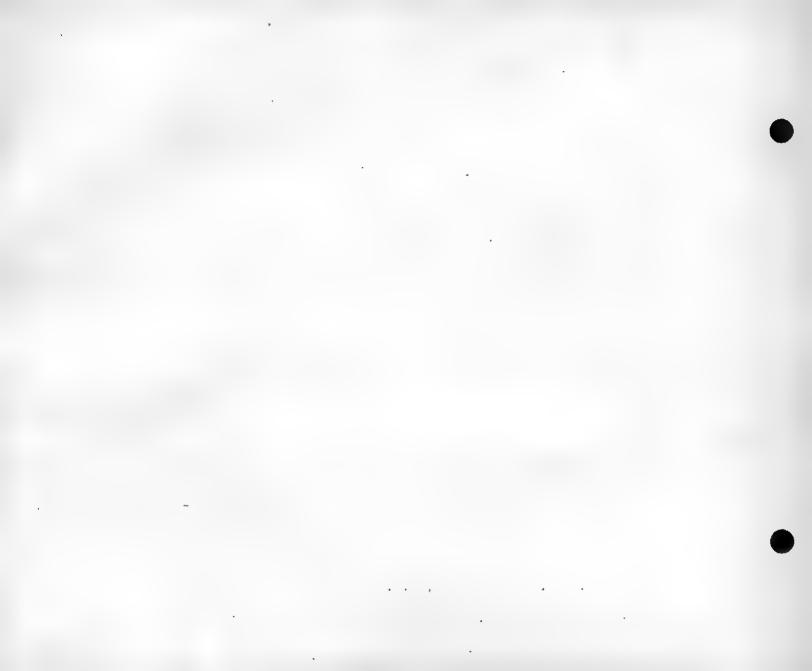
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ING by t fer fer fort		22o. I certify that (I) (th	is hospital) attended the deceas	ed from 12-20 , 19 969 , and that in (my) (aur) apir	68 to <u>1-10</u> , 19	69 , that (1) (we) last
in the Sheet	1	sow the deceased a	ilive an 1-10 e, (I) (we) (did) (did nat) view the	bady ofter death	nan death occurred on the da	te and hour and from the
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3			00483 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH					
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	OR ATTENDING be retained by it NRECTOR: After e 3 should be de	1	22a. I certify that (I) (this hospital) attended the deceased from January 4, 1969, to January 1969 saw the deceased alive on January 1969, and that in (my) (our) opinion death occurred on the date and causes stated above, (I) (we) (did) (did not) view the body after death.	, that (I) (we) last
	ed to	П	saw the deceased alive on 1770 k 6 14 1965, and that in (my) (our) opinion death occurred on the date and	hour ond from the
	TI dain For the factor of the	Н	226. DATE SIGNATURE	MED
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	2 P P P P P P P P P P P P P P P P P P P	1	22d. PHYSICIAN'S 1	
	RAIL RAIL Pe		NAMPTYPE / CSIERG E, LOUSGMO KAIYDS + FAD MAR	VILAND
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certific Poge 4 may be retained by the haspital or ottending physicion. TO FUNERAL DIRECTOR: After this carrificate has seasoned by the attending physician, page 3 should be detached for use as the burial-transit permit. Then poshould be filed with the State Dept. of Health prior to burial, cremotian, or removal,	230	30 BURIAL, CREMATION, 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Confi	ity) (State)
	Pog Sold Short	1230	Burial Jan. 8, 1969 Trenton Cemetery Upperco, Md.	,, ()
	E E ap	24.	SUPERIOR DESCRIPTION OF DESCRIPTION	URE 11
	30M BEV. 1/68		Tipton - Eline Funeral Home Hampstead, Md. DATE	as sadge.
		-	CAPACE COMMISSION AND COMMISSION AND COMMISSION OF THE COMMISSION	



1	1		DIVISION OF		301 W. PRESTO			AND 21201		
	3049	11)			CERTIFICATE		money maker		3486	
= -2=	1. DECEASED NAME	First		Maddle	Los	st	20 DATE OF DE	ATH		2b HOUR
er death. Feneral Jond 2 er deoth	(Type or print)	Louise		B.	-Mil	ler		Month Day	11, Yell'96	9 M
F 75 5	3 SEX		4 RACE			E OF BIRTH	6	AGE (In years	IF UNDER YEAR	IF UNDER 24 HRS
by the Person	Fema]	e	Whi	ite			L910	ast birthday) 58 YRS.	MONTHS DAYS	HOURS MIN,
hours hours	70. BIRTHPLACE (S		7b. CITIZEN OF WH		8. MARRIED X NEV		9. COUNTY OF DE			
4 E 200	Baltin	more Co.	U.S.A.		WIDOWED	DIVORCED	Baltimor			Md
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death be retained by the hospital or ottending physician. SIRECTOR: After this certificate has been signed by the attending physic an and completely with the funeral ending the state of the other for use as the burial-transit permit. Then please remove corbin pages, if the state death and with the State Dept. of Health prior to burial, cremation, or removal, and in any event, willmin 2 that is after death.	ID CITY OR TOWN		11 NA	ME OF HOSPITAL OR IN	ST To IrON (If not in hos		L OCCUPATION (KI	nd of work done	126 KIND OF E	
completely from the completely from the corbin to be seent, with	_Hvde		(Ġ1 e	treet oddress)	dicort Road	d Md	st of working life	, even if retired }	INDUSTRY Legal	
uted v	130 USUAL RES DI	NCE (Where deceos	7 1 1 10 10		13c CITY OR TOWN	13d, INSIDE CITY LA	HITS? 13e STREE	T AND NUMBER	TAREAT	
omp own eve	odmission) STAT	aryland_	Ba COUNTY	on Residence before	Hyde	YES NO	Glena	rm Road		
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ate b ican lease and i		D EVER IN U.S. ARN		16b. SOCIAL SECURITY	NO. " 17 INFORMA			Address	1102	agin .
ertificat physic nen plec	Yes, no, or unki	OMb) (11 Aez dine A	ACL ON BRIMES OF SMINITED	212-28-50	009 Mr. A	Rodman N	Willer (Henarm R	lead	
The property	18. CAUSE (OF DEATH (Enter on	ly one cause per hin						APPROX M	MATE INTERVAL VSFT AND DEATH
ie death cer attending p permit The	PART	DEATH WAS CAUSED	D BY ATE CAUSE (o)	e for (o), (b), ond (t)	221/21	Infr	rution		1 400	and is be
atte	410	4	, , _	S A CONSEQUENCE OF						
t the the sit p		fony which gove)	this		125 clay	retic	GV	1)	10	(אורי (
hot n. yy t ans	rise to imm	ediate couse (o). underlying couse?	DUE TO, OR A	S A CONSEQUENCE OF						1
equires tho physician. signed by burial-tran	lost	onderlying toose	(t)							
obys urric urric	PART 2 OTH	ER SIGNIFICANT CON		NG TO DEATH BUT N	OT RELATED TO THE TE	RMINAL DISEASE ORC	ONDIT ON GIVEN IN	PART I(o)		
ng li								(-)		
law bee	190 DATE OF	OPERATION 19b.	CONDITION FOR WHI	CH OPERATION WAS PE	RFORMED 200	. AUTOPSY?	20b. IF YES	, WERE FINDINGS C	ONSIDERED IN CE	RTIFYING
A he see the	190 DATE OF				1	/ES NO 🗍	CAUSES OF	DEATH?		
or or us		IT WAS UNDERLYIN		iNJURY		RY OCCURRED (Enter	noture of injury in	Port 1 or Port 2.	Item 181	
CIAI iffice iffice of High	(If either, no	PHAG CAUSE OF DEAT	HOUR A.M.	Month Doy Year		\-		,	,	
YSI osp cert cert shed		OCCURRED 21e.	PLACE OF INJURY /	AT HOME FARM/STREET, FAC		Street or R F.D. No.	City or	Гомп	County	Stote
R ATTENDING PHYSICIAN: The law requires that the death certificate be exerted by the hospital or ottending physician. ECTOR: After this certificate has been signed by the attending physic an and a shauld be detached for use as the burial-transit permit. Then please remowith the State Dept. of Health prior to burial, crematian, or removal, and in any	While N	of white	(OFFICE BUILDING, ETC.			*** ***		coomy	310.0
NG W # W # W # W # W # W # W # W # W # W	22o. cer	tify that (I) (th	is hospital) atte	nded the decease	ed from 12	9 195	V . to 1	. 19 مهم	64 that	(I) (we) last
Affi d b d b e Si	saw :	the deceased a	live on 3		9 62, and that	in (my) (aur) opir	nion death acci	urred on the do	ate and hour o	and from the
OR: OR: oaul	cous	es stoted abave	e, (I) (we) (did) (did not) view the	bady after deoth.					
retering Street	22b. SIGNATU	11	A .	(` AT	TENDING	ED 5'	TAFF 22c.	DATE SIGNED	1 1
Dig Se		Mary	- a	richen	DEGREE PH	IYS. DI	RECTOR P	HŸS, 🔲 🤰	-12-	69
Moy SAL Po	22d PHYSICI NAME (1		71 Tyrear	n M.D.	22	e. ADDRESS	11/1	M	/ .	
TO HOSPITAL OR ATTENDING PHYSICIAN: Th≡ law requires the Poge 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached for use as the burial-transcription of the filed with the State Dept. of Health prior to burial, creating the prior to burial, creating the prior to burial.	no business				CONTRACTOR OF THE PROPERTY OF		3 7 7 1 1 7			
B B B B B B B B B B B B B B B B B B B	230 BURIAL, CREA REMOVAL (Sp Burial	arifu) M	4 5	عبا ليد	CEMETERY OR CREMAT	ORY 9		City or Town)	(County)	(Stote)
5-5	Burial 24 FUNERAL DIRE		uary 14,	1969 Druid ADDRESS	Ridge	250 REC D BY	Pikesvi		Ltimore,	Patro
VR A 169			dmod z ::		022.00			25b. REGISTRAR'S	SIGNATURE TO SE	Sign.
ASM . MOX	Loring	Hyers	8/28 Libe	erty Road	4.1.1.33	DATE AA	-16 19	N I	10	4/

71 3

1		00491	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREE CERTIFICATE OF DI		, MARYLAND 21201	00487	
funeral and 2 ter death.		CEASED-NAME First type or print) Mar		lost Miller	2o. C	ATE OF DEATH Month Doy January I	4. 1969	2b HOUR M
within 24 haurs after death. The filled in by the funeral ban papers. Pages 4 and 2 within 72 hours after death.	3. SI	X Female	4 RACE White	Sept.	24, 1899	6 AGE (In years tast burthday)	IF UNDER I YEAR IE U MONTHS DAYS HOU	INDER 24 HRS.
4 haur. 4 n by 2ers. 72 hour	7o 1	BIRTHPLACE (Stote or foreign http://maryland	75. CITIZEN OF WHAT COUNTRY? U. S. A.	8 MARRIED NEVER MARRIES WIDOWED DIVORCED	، با اسا	NTY OF DEATH ltimore		Md
vithin 2 sly fillec oon pap within		ITY OR TOWN OF DEATH Dundalk	11 NAME OF HOSPITAL OR INS give street address) 2737 Kirkle	TITUTION (if not in hospital	12a. USUAL OCCU during most of w HOUSOW	PATION (Kind of work done orking life, even if retired.)	126 KIND OF BUSH INDUSTRY	NESS OR
		USUAL RESIDENCE (Where decear ission) STATE Flaryland	sed lived, if institution Residence before 13b COUNTY Baltimore	13c. CITY OR TOWN	INSIDE CITY LIM TS7	13e. STREET AND NUMBER 2737 Kirkleig	gh Road	
rertificate be executed physician and complete hen please remayed navera	14. (ATHERS NAME First Mortical		1	Dora		Schuman	
tificate b hysician n please val, and	160 }	WAS DECEASED EVER IN U.S. ARI es, no, or unknown) (Hyes give v	MED FORCES? war or doles of service) 16b SOCIAL SECURITY N 215-22-06	17 INFORMANT (So 52 Mr. Arch		Address Di 11er Jr. 2737		h Rd.
PHYSICIAN: The law requires that the death certificate be enspital ar attending physician. In this certificate has been signed by the attending physician at stacked far use as the burial-transit permit. Then please repets of Health priar to burial, cremation, or removal, and in		PART 1. DEATH WAS CAUSE IMMEDI Conditions, if any, which gove rise to immediate cause (a), stoting the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)	+CVD	3600	hour	APPROXIMATE I BETWEEN ONSET A	
IAN: The law requiral and ar attending philicate has been signed far use as the bufflealth priar tabu	CERTIFICATION	190 DATE OF OPERATION 196.	NDITIONS CONTRIBUTING TO DEATH BUT NO CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20g AUTOPSY	? NO 🔼	206 IF YES, WERE FINDINGS CO CAUSES OF DEATH?		YING
TO HOSPITAL OR ATTENDING PHYSICIAM: The Page 4 may be retained by the haspital ar at TO FUNERAL DIRECTOR: After this certificate had director, page 3 shauld be detached far use shauld be filed with the State Dept. af Health	MEDICAL CE	210 ACCIDENT WAS UNDERCYM OR CONTRIBUTING CAUSE OF DEA (If either, notify medical exami 21d INJURY OCCURED While Not while at wark at wark	TH HOUR A.M. Month Day Year			af injury in Part 1 or Part 2, 1	County	State
TENDING PHYS sined by the has OR: After this ce auld be detache in the State Dept.		22a. I certify that (I) (the saw the deceased courses stated above	nis haspital) attended the decease alive an	ed fram 1/20 9, and that in (my) body after death	, 19 <i>68_,</i> (aur) apinian d	eath accurred on the do		(we) last from the
AL OR AL y be reto L DIRECT oage 3 sh filed with		22d. PHYSICIAN'S	OC PULL	DEGREE ATTENDING PHYS 22e. ADDRES	MED. DIRECTOR		DATE SIGNED 16/69	
TO HOSPITAL OR ATTENE Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the	23a	NAME (Type) The	DAJE 23c NAME OF Oak Lav	M.D. 3724 CEMETERY OR CREMATORY on Comotory		C Ave. Dundall LOCAT ON (City or Town) Baltimo		State)
OF DEVELOR	24 J	F MERAL DIRECTOR	922 Wise Ave. Dunda	25	a. RECD BY REGIS	TRAR 2Sb REGISTRAR'S	SIGNATURE SIGNATURE	

MAKTLAND STATE DEPARTMENT OF MEALTH



- John	MARTLAND STATE DEPARTMENT OF HEALTH
5	00499 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00488
	CERTIFICATE OF DEATH
€ _2€	1, DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR
death.	(Type or print) Otto Miller Month Doy 1 1969 M
Te Te	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 14 FAR) I FUNDER 24 MRS. Gast birthday Months DAYS HOURS Melh.
F (4)	Male Cau. 4-7-1888 last birthday) YRS. MONTHS DAYS MOURS MAIN.
a la	70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED COUNTY OF DEATH
be executed within 24 hours after death and campletely filled in by thretuneral eremove corbon papers (Reggs land in any event, within 72 hours after death	Germany Germany WIDOWED DIVORCED Baltimore Md.
in 2 Filled Pog hin	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR
with with with with	Kingsville give street address) Mt. Vista Road during most of working life, even if retired) Selfenployed
ont,	130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 3d WISDE CTY LIMITS 13e. STREET AND NUMBER
am am a va	admission) STATE Md. 13b COUNTY Baltimore Kingsville YES NO X Mt. Vista Rd.
o b b b b b b b b b b b b b b b b b b b	14. FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
	William Miller Unknown 21087
on on on	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Ver no or unknown) (11 yes give wor or dotes of service) 0.00 (1.00 Cm) 0.00 (1.
phys	No 216-05-4(/6) Erna Miller Mt. vista Ru. Kingsville, Ru
The The	1B. CAUSE OF DEATH (Enter on y one cause per line for (o), (b), and (c)) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
enth ait. or re	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)
e d afte on,	DUE TO, OR AS A CONSEQUENCE OF STATE OF
the sit	Conditions, if any, which gave rise to immediate cause (a) (b) ASCIICAMIC (1) WER TOTAL PROPERTY 2 MONTHS
tho an. by crer	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
res red rol- iol,	last. (c)
requires that the death certifical globysician. signed by the attending physicial burial-transit permit. Then plect burial, cremation, ar removal, as	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE OR CONDITION GIVEN IN PART I(a)
Jing Peen the r to	TO THE WEST SUBJECT OF THE SECOND STATE OF THE
e for tence as by os prio	190, DATE OF OPERAT ON 196 CONSIDERED IN CERTIFYING 200 AUTOPSY? 190, DATE OF OPERAT ON 196 CONSIDERED IN CERTIFYING CAUSES OF DEATH? 200 AUTOPSY? YES NO CAUSES OF DEATH? 211, ACCIDENT WAS UNDERLYING 216, TIME OF INJURY 216, HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
The rate by the series of the	1 1 2 5 Ch - CHITCHE TO THE CONTROL OF THE CHITCHES OF DEATH
ANS olo olo ficati for Hec	
SICI Spite ert	The little intermed (a) examinar P.M. 19
PHYSICIAN the hospital (his cert fical etoched for Dept. of He	21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No City or Town County State
te C dest	at work at work at work (1) (thus he sould) attended the deceased from (200 1, 1969 to Nicol 3 1, 1969, that (1) (16) last
ATTENDING Framed by the CTOR: After to should be digith the State	22a I certify that (1) (this hospital) attended the deceased from (my) (cor) apinion death accurred an the date and haur and from the auses stated above, (1) (cor) did) (did not) view the badyafter death.
TEN Ined Suld the	auses stated abave, (1) (*e) (did) (dud not) view the bady after death.
A te the shift of	22c DATE SIGNED
OR be r	DIRECTOR PHYS - PHYS - PHYS -
A L C	220 AUGUSTAN STATE OF THE STATE
SPI 4ER Gor, Id b	FORD FITTLUSON FORK, MID 21051
FO HOSPITAL OR ATTENDING PHYSICIAN: The lam requires that the death certificate be executed within 24 hours of FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in sy director, page 3 should be detached for use as the buriol-transit permit. Then please remove corban papers should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours.	230 BURIAL, CREMATION, PARTIE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Gry or Town) (County) (Stote)
5 5 5 2 v	REMOVAL(Specify) al 2-3-1969 Bel Air Memorial Me
VR A15	24, FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE assahn Funeral Home 7/101 Belair Road 21236 DATE FEB 5 1969 Williams
30M REV. 1/68	assahn Funeral Home 7401 Belair Road 21236 DATE FEB 5 1969 Williams



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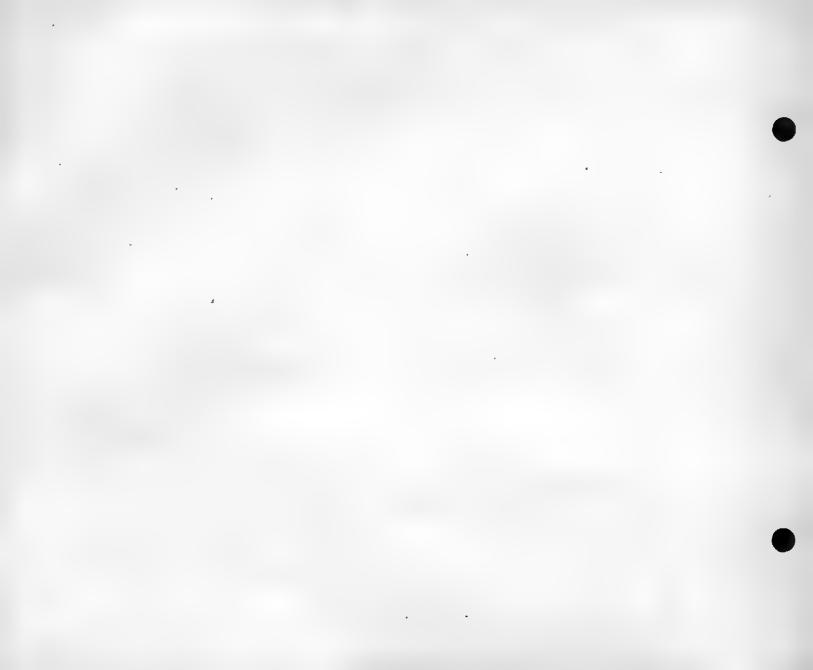
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 7049 t CERTIFICATE OF DEATH 20490 DECEASED NAME Last 20 DATE OF DEATH 2b. HOUR ate be executed within 24 hours after death (Type or print) Month Robert Mintzer, Sr. Јанцали 4. RACE 3. SEX S. DATE OF BIRTH IF TINDER I YEAR 6 AGE (In .ars Nov. 6. 1910 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH B. MARRIED NEVER MARRIED U. S. A. WIDOWED [DIVORCED [Pennsulvania burial, cremation, ar removal, and in any event, within 72 Baltimore completely filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired)

1. Maintenance give street oddress) INDUSTRY Balto Co Baltimore Coulinty Workshop-GlenKeith

13a USUAL RES DENCE (Where deceased lived, if institution Residence before 1/3c CITY OR TOWN 13d INSIDE CITY LIM TS? 13e STREET AND NUMBER odmission) STATE 13h COUNTY Baltimore 5124 Crain Ave 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME First Lost Lutz Mintzer Blanch Joseph attending physician permit. Then please 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT yes, no, ar unknown) 215-01-7888 Mrs. Catherine E. Mintzer (Same 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) OPART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH recours that the death Conditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to 19a. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [21a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21b TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Manth Day Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street of R.F.D. No. City or Town State County While Not while at work 220. I certify that (1) this hospital) attended the deceased from 3/10/19 saw the deceased alive on 1/2/19, and that is not the saw the deceased size on 1/2/19. saw the deceased alive on ______, and that it my (aur) opinion death occurred on the date and hour and from the courses stated above (1) (we) (did) (did no) view the body after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING PHYS. DIRECTOR L 22d. PHYSICIAN'S Dr. W. Meredith Smith 22e, ADDRESS 6305 The Alameda NAME (Type) 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL, CREMATION, (County) REMOVAL (Specify) Baltimore National Baltimore 25b REGISTRAR'S SIGNATURE & Sons Co. 4905 York Road 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Minutan Judas. DAVAN 27 Raltimore 12



2		MARYLAND STATE DEPARTMENT OF HEALTH
		00495 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.		DECEASED NAME First Middle Lost 20 DATE KNOWN Month Doy Yeor 20 HOUR Type or Print)
is to to of of	'	Type or Print) HAZEL CHAPMAN MITCHELL DEATH MATED 1-4- 189332 M
Pa Pa	3 5	MANAGE PARK MANAGE PARK MANAGE
2, and 3 to PM3. Page	E	EMPLE CALCASIAN 7/7/1925 17/200 MONTHS DAYS HOURS MAN MONTH Doy Year 1969 3 DM
P. 2.	70	8 RTHPLACE (State of foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH
2 E 8	COU	MIN U. VA. U.S.A. WIDOWED DIVORCED BALTIMORE 21222 Md
Roge With 1	10 (ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR
9 9 9	Į	DUNDALK Give street oddress) DUNWOOD COURT CLIERK TOOD RETAIL
8. Give olong w	130	USUAL RESIDENCE (Where deceased lived, if institut on Residence before 13c CITY OR TOWN 13d MS/DE CITY LIM TS7 13e STREET AND NUMBER
\$ 5 5 8 P	0	Omission) STATE md. 136 COUNTY BALTIMORE DUND ALK YES NO 7203 DUNWOOD COURT
hours Item Office Iond 2	14. 1	ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
d within 24 hour in pencil in Item Exominer's Office File pages I and?		(UNK.) ANNA (UNK)
hin 24 ncil in niner's pages hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT ADDRESS 193 177 3
with n pen Exom		(es, no, of inknown) (If yes give war or doles of service) 32-66-4098 IV m. D. MITCHELL
be executed within "pending" in pencil nief Medicol Exomine ansit permit. File pagievent within 72 hou		18. CAUSE OF DEATH (Enter only one couse parting Tog (g), (b) and (c))
xecuted nding in Medicol permit.		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE OF WILL OF DRIVILLALL
exe endi		DUE TO, OR AS A CONSEQUENCE OF
the f		conditions, if any, which gave is the problem of th
ould vord he Ch ol-tra		stating the underlying cause DUE TO BY AS A CONSEQUENCE OF
INER: This certificate should be executed within 24 hours be certificate, writing the word "pending" in pencil in Item should be forwarded to the Chief Medical Exominer's Office files 3 should be used as o buriol-transit permit. File pages land 2 notion, or removal, and in any event within 72 hours after desired.		loss Acudes My +5=
ote she y g the y ed to the s o burn		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
ifico Iting Irder I as	≥	
its certificate, writing forward to be used to removel,	Z Z	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED?
his arte.	CERTIFICATION	YES NO
NER: The certification in the certification is should be should be strong or thing.		216 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Day Year 216 HOW INJURY OCCURRED (Enter nature of njury in Port 1 or Port 2, Item 18) PRIMARY OR CONTRIBUTING HOUR A.M.
cert cert should should tron	MEDICAL	CAUSE OF DEATH P.M 19
	W	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, while not while foctory, office building, etc.) 21f LOCATION Street or R.F.D. No. City or Town County Stote
L EXAM ecute th Page 4 or your R: Poge		AT WORK AT WORK
- S - L - C - C - C - C - C - C - C - C - C		22a. I certify that I taak charge of the remains described obove, held an Autopsy 🔲, Inspection 💢 Inquiry 💢 and in my apinton
Ed da		death resulted fram: Natural causes 🔲 , Accident 🔲 , Suicide 🔟 Hamicide 🔲 , Undetermined manner 🗌
please e I director retained DIRECT		CHIEF MEDICAL EXAM NER
yy, ple eral di be retu be retu prior		ACTUAL SIGNATURE
ressory, Fe funeral may be may be refuneral may be		EXAMINER'S DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER
o DEPUTY SICA necessory, please extremed director. S may be retained o FUNERAL DIRECTOR Health prior to but		NAME (Type) M.B. DAVIS - DUNDALK, Md , ADDRESS(Street, cty. town, or county)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	230	BURIA. CREMATION 23D. DATE 23C NAME OF CEMETERY OR CREMATIONY 23D LOCATION (City of Town) (County) (Stote)
00	1	DUKINE STORY OFFE SAME DALTO. CO., RICE,
VP AISM AT	2	FUNERAL DROSTOR for Brookley, Deutobsesse, Marie 250. REC'D BY REGISTRAR'S SIGNATURE
10M REV M68		O, Parrole State Jan 7 1969 pleasers June 1969



	00490			DEPARIMENT OF		D 91901	
(18)			CEDILE	PRESTON STREET, BALI	IIMORE, MAKILAN	0649	0.9
Georgia	DECEASED NAME First	09 1/29/(9 km	Niddle	Lost	2o. DATE OF DEATH	603	26. HOUR
	(Type or print) B	erkeley	C.	Mitten	Januar		10:40
3.	sex female	4. RACE white		S, DATE OF BIRTH July 7, 18		(In years IF UNDER I YEAR phday) MONTHS DAY YRS	
7a.	BIRTHPLACE (State or foreign untry) Md .	76 CITIZEN OF WHAT COUNT	RY? 8. MARRIE WIDOWE	D NEVER MARRIED	9. COUNTY OF DEATH Baltimor		
	CITY OR TOWN OF DEATH	11 NAME OF HO give street oddri SPRT NG	SPITAL OR INSTITUTION (F	not in hospital 12a USU during in	AL OCCUPATION (Kind of the state of working life, even thousewife)		OF BUSINESS OR
13d	D. USUAL RESIDENCE (Where deceormission) STATE Md.	ed fives, if institution Reside	ence before 13c. CITY	OR TOWN 13d INSIDE CITY .		D NUMBER	
	FATHER S NAME First	Middle	Last	S MOTHERS MAIDEN NAME	First	Mrddle	Last
f-	Wm. Clii			Clara O'E	Brien		
16	a. WAS DECEASED EVER IN U.S. ARI Yes, na, ar unknawn) (It yes give t		AL SECURITY NO. 17 -44-8332JI	Records: SPI	RING GROVE		T'TAL
	Canditians, if any, which gove rise to immediate cause (o), stoting the underlying cause lost PART 2 OTHER SIGNIFICANT CO	D BY: ATE CAUSE (o) DUE TO, OR AS A CONSI (b) DUE TO, OR AS A CONSI (c)	EQUENCE OF COLUMN CE OF COLUMN	TO THE TERMINAL DISEASE OR		-4	en onset and death
2 SEPTIFICATION	190. DATE OF OPERATION 196.	CONDITION FOR WHICH OPERA	TION WAS PERFORMED	200. AUTOPSY? YES NO E	CAUSES OF DEA	ERE FINDINGS CONSIDERED IN TH?	I CERTIFYING
MEDICAL CED		TH HOUR A.M. Month	Doy Year	HOW INJURY OCCURRED (Ente	er noture of injury in Pol	rt 1 ar Part 2, Item IB.)	
ME	While Not while	PLACE OF INJURY (AT HOME F.		LOCATION Street or R.F.D. No	,	, , ,	State
	22a. I certify that (1) (the saw the deceased concauses stated above	is haspital) attended the live an (i) (did) (did(not)	ne deceased fram_ 19, o view the bady afte	APTIL 2016) nd that in (my) (a ¥) ap r death.	5, tainian death accurre		
	22b. SIGNATURE	j. 11 -	DE	GREE PHYS.	MED. STAFF DIRECTOR PHYS RING GROVE	22c DATE SIGNED	·c//
	NAME (Type)	11 / L	466			ryland 21228	}
L	REMOVAL (Specify) 1		NAME OF CEMETERY OF CEMETERY OF	r Cemetery	23d LOCATION (City Westminis	ter Marular	(State)
	FUNERAL DIRECTOR		ADDRESS	2So. REC'D	BY REGISTRAR 2SI	REGISTRAR'S SIGNATURE	
· W:	itzke, 4101 Edm	ondson Ave	21229	DATE JA	N 23 1969	Icharles !	Magae.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00493 20491 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR & (Type or print) Janua Myth 25 11:45M Dwight Mobley 1969 3. SEX 4. RACE S DATE OF BIRTH 6 AGE (in years lost birthdoy) FUNDER 1 YEAR IE UNDER 24 HRS 23-27-61 Male Negro 70 B RTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED MEVER MARRIED 9. COUNTY OF DEATH Baltimore Baltimore WIDOWED [DIVORCED [event, within ID CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospite 120 USUAL OCCUPATION (Kind of work done 26 K ND OF BUSINESS OR TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within oletely fi carbon St. Joseph Hospital duting most of working afe, even if retired) INDUSTRY Baltimore 130 USUAL RESIDENCE (Where deceased ived, if institution Residence before 13c (TY OR TOWN Baltimore 13d. INSIDE CITY L M 15? 13e STREET AND NUMBER odmission) STAMaryland 13b COUNTY YES T 1417 Winston Avenue 21212 NO. 14 FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle Moblev Woodrow Daisy Mobley office 16b. SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no, or unknown) WOODROW MOBIEY 1),17 WINSTON AVE signed by the ottending physburial-transit permit Then burial, cremation, or removal APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Cerebrovascular eccident IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Sickle cell disease Conditions, if any, which gove) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) hos been be detoched for use os the Stote Dept. of Health prior to 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES -NO IT TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for us 210 ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d INJURY OCCURRED | 21e PLACE OF INJURY (AT HOME, EARM STREET FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State While hot while at work 22a | certify that (1) (this haspital) attended the deceased from 1-13- , 1969 , ta 1-25-. 19 69 , that (I) (we) last saw the deceased alive an 1-25-6 _1969_, and that in (my) (aur) apinion death accurred on the date and hour and from the retained director, page 3 shauld should be filed with the causes stated above, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED 1-25-69 DEGREE DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 7620 York Road, Bowson, Md. 21204 Jose A. Aguto, M. D. 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 236 BURIAL, CREMATION 23d LOCATION (City or Town) (County) (Stote) CHESTER S.C. REVOYATE SATE (Y) I =30 = -69 PRIV ATE 24 FUNERAL DIRECTOR 250 REC D BY REGISTRAR 25b. VR A15 (4) 45M 1, 69 DATIJAN 28 1969 1639 N. BROADWAY 45M JOSEPH KNIGHT

MAKTLAND STATE DEPARTMENT OF HEALTH



		00498	DIVISION	OF VITAL RECORDS,	301 W. PI	RESTON STREET,	, BALTIMORI	E, MARYLAND 2	1201		
		00430			CERTIFIC	ATE OF DEA	ATH			0049	4
ſ		CEASED NAME First ype or print)		Middle		Lost	20	DATE OF DEATH			2b. HOUR
	Į1	Hu.	lda	C.		Moe		January	1.1°	Year 69	9.25F
	3. SE		4 RACE			S. DATE OF BIRTH		6. AGE (In	reors	IF UNDER 1 YEAR	IF UNDER 24 HRS
		Female		White		12-9-8	37	6. AGE (In last birthd	YRS.	MONTHS DAYS	HOURS MIN
ſ		IRTHPLACE (State or foreign	7b CITIZEN OF	WHAT COUNTRY?	8 MARRIED I	NEVER MARRIED		NTY OF DEATH			
ı	COUP	Sweden	U.S	5.	WIDOWED	D.VORCED [<u> </u>	Baltimore			Md
	10 C	ITY OR TOWN OF DEATH	11	NAME OF HOSPITAL OR IN		of in hospital 1:		IPAT ON (Kind of wo	rk done	12b KIND OF E	
l		Towson	9	ve street oddress) St. Joseph	Hospi	tal	uring most of v	rorking life, even if	retired)	INDUSTRY	
ľ	130	USUAL RESIDENCE (Where deceas	ed ved, if inst	itution Residence hefore	13c CITY OR	TOWN 13d fNS	SIDE (TY LIMITS?	13e. STREET AND NU	MBER		
ľ	Danni	ssion) STATE Maryland	136. COUNT	T	Bal	timore YES	₩O □	2823 Cle	ועיימי	ew Ave.	21 234
1	14 F	ATHER'S NAME First	Middle	E Lost		MOTHER'S MAIDEN	NAME First		Middle	22.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2	Lost
ı		Mathia	S	- Moe			Mar	ie		01	sen
Ī		WAS DECEASED EVER IN U.S. ARN	IED FORCES? or or dates of service)	16b SOCIAL SECURITY	NO 17 ft	NFORMANT			ddress		0011
L	11	as, na, ar unknown) (If yes give w	or or do as or salares		H	enry W.	Moe 80	Jay Dee	lve.	. Balti	more
Ī		18 CAUSE OF DEATH (Enter on	y one couse per	r Lee for (a), (b), and (c)) / /					APPROXIM	ATE NIZPVAL
I		PART 1 DEATH WAS CAUSED	BY Je cause (0)	Kenal	frile	ue					Feeter 15
١		4 14	DUE TO, O	R AS A CONSEQUENCE OF	/	-/ / 4	1				_
1		Conditions, if ony, which gove	(6)	Maexin	L 11	testonal	gun	grene		2x	ticalis
1		rise to immed one couse (o), (storing the underlying couse)	DUE TO, O	R AS A CONSEQUENCE OF	_		61 1		7	,	1
1		last	(c)	Mexical	erce	Mirom	VER12	Sup. 2	inf	1 24.	herers
1		PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRI	BUTING TO DEATH BUT N	OT RELATED TO	THE TERMINAL DISE	ASE OR CONDITIO	N GIVEN IN PART 1(d	1) //		
1	*							*	9.0		
ı	CERTIFICATION		CONDITION FOR	WHICH OPERATION WAS PE	RFORMED	20o. AUTOPSY?		20b. 1F YES, WERE F	NDINGS CO	ONSIDERED IN CE	RTIFYING
1	E	1-11-69				YES 🗀	NO 🔼	CAUSES OF DEATH?			
ı		210 ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH	G 21b TIME HOUR A.	OF INJURY M. Month Day Year	2≩c. H0	W INJURY OCCURRED	(Enter nature	of injury in Port 1 o	r Port 2, It	tem 18.)	
ŀ	MEDICAL	(If either, notify medical examin	er) P.J	M.	9						
ı		21d INJURY OCCURRED 21e	PLACE OF INJUR	Y (AT HOME FARM, STREET, FAI OFFICE BUILDING ETC.	(TORY.) 216. LO	CATION Street or R	F.D. No.	City or Town		County	Stote
ı		While hot while at work									
ı		22a. I certify that (1) (thi sow the deceased of	s haspital) a	ittended the deceas	ek fram—	1/10/	, 19 <u>69</u> ,	10	, 19_	69 , that	(I) (we) lost
ı		sow the deceased ol causes stated abave	(I) (we)(di	d) (did not) view the	hadvafter d	that in (my) (or leath	ur) opinion d	eath occurred or	the dat	te and hour o	nd from the
ı		22b SIGNATURE	A 1 .	,	body altor a				22r D	DATE SIGNED	
ı		Heels 12	elieux	com 1	(1) DEGRI	ATTENDING E	MED DIRECTOR	STAFF PHYS	_ ! .	-11-	60
ı		22d. PHYSICIAN'S	Α .	Pa	1	22e ADDRESS	OINECTOR	- 1113			4 /
		NAME (Type) //E 072	Rl.	FELICIA,	00	2620 1	York Rd	Towson	. Md.	21.204	
F	23a	BURIAL, EREMATION, 23b E		23c NAME OF	CEMETERY OR			LOCATION (City or To		(County)	(State)
ı		DEMONAL IE	n. 14,1	.969 Fran	aklin M	emorial F				wick, N	1
		JNERAL DIRECTOR	_	ADDRESS		2So	REC'D BY REGIS			SIGNATURE	
1	C	congo J Gonco	LOOP B	ditchia Hawa	r Ralt	imore	PZ 41 1	2 4000	ATT LOVE	nota . Pres	las.

MARTLAND STATE DEPARTMENT OF HEALTH



1	1			ID STATE DEPARTMENT OF F		
		00499		301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH		0495
4 -24		ECEASED-NAME First	Middle	Last	2a DATE OF DEATH	2b Hour
deoth dend and reath	((ype ar print) FRAN	CIS Albert Alber	t. MOHR OV	Month 2ay	Y859 9:00AM
after (1)	3 5	X MALE	4 RACE WHITE	S DATE OF BIRTH 3/12/28		IF UNDER 1 YEAR IF UNDER 24 MRS LONGSHS DAYS HOURS MIN
in by 2 hoor?	7a (au	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY? U.S.A.	8 MARRIED NEVER MARRIED X	9 COUNTY OF DEATH BALT LIORE COUNTY	
ond completely filled remave carban pope	10	THY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN G. ye. street address) VET ADM. HO	STITUT ON (If not in haspital 12a USU)	N. OCCUPATION (Kind of work dane ost of work ng life, even if retired) ADE:R	126 KIND OF BUSINESS OR INDUSTRY CO.
cuted v complete zve cark	13a. adm	USUAL RESIDENCE (Where deceases an) STATE MARYLAND	ed I ved, if institut an Residence befare 13b COUNTYBALT INORE	13c CITY OR TOWN 13d INSIDE CITY LE		
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ert ficote br physician c ren blease oval, and ii		es, no or unknown) (If yes give w	AED FORCES? OF ON GOING OF ENGLISH SECURITY PL 28 216 28 40		VA HOSPITAL, FT HO	WARD, MD.
leath of milit. The ox cerm		PART I. DEATH WAS CAUSEI	if one cause per line for (a), (b) and (c) BY- HEMORRHAGI DUE TO, OR AS A CONSEQUENCE OF	OF STOMACH	ŀ	APPROXIMATE NTERVAL BETWEEN ONSET AND CEATH LOURS
equires that the c physicion. signed by the off buriol-tronsit per burial, crematian,		Canditions, if any, which gave isset a immediate cause (a), stating the underlying cause lost.	(b)			
t. The law requires the ar ottending physician te has been signed by use as the buriof-traicith prior to burial, cre	2		(C) ID TONS CONTRIBUTING TO DEATH BUT N ROPHY OLD	OT RELATED TO THE TERMINAL DISEASE OR C	ONDITION GIVEN IN PART I(a)	
The offe hos se of the pr	CERTIFICATION		CONDITION FOR WH CH OPERATION WAS PE	YES NO	206 IF YES, WERE FINDINGS CON CAUSES OF DEATH? YES	
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TO HOSPITAL OR ATTENDING Page 4 may be retained by the FUNERAL DIRECTOR: After 1 director, page 3 should be d should be filed with the State		22a. I certify that (\$1) (the saw the deceased a causes stated above	is haspital) attended the deceas live an 1/2/9 ((K)(we) (did) (district) view the	ed fram 1/20/08 , 19	nian death accurred on the date	, that (#) (we) last and have and fram the
OR ATTE DIRECTOR: ge 3 should led with th		226 SIGNATURE 2722 aller.	os 1) 1 ,	DEGREE ATTENDING D	WEGION IIII)	TE S.GNED /2/69
O HOSPITAL OR ATTENDE Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 should should be filed with the		22d PHYSICIANS NAME (Type) 1/A DE			T HOWARD, MD.	
			6/69 ST. JOS	CEMETERY OR CREMATORY EPH CHURCH CEMETERY	BALTIMORE, MD.	(Caunty) (State)
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1		30201	DIVIS	SION OF VI			RESTON STREET		DRE, MARY	LAND 21201	00498	
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The state of the s	70	Male BIRTHPLACE (Stote or foreign	75 (17)	White		Te	Jan. 29		CALINITY OF D			
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within ()()	10. (317 OK TOWN OF DEATH		qive stree	OF HOSPITAL OR IN Loddress)	I TII) MÜLIÜ III ZI	nat in nospital	durina most		(ind of work done e, even if retired)	12b KIND OF 8	USINESS OR
\$ 30 JUU	12-	Pikesville		70	23 Plymo	outh Ro	l., Pikes.	Buy	er		Beth-S	Steel Co
aw requires that the death certificate be executed within 24 haurs after death adding physician. been signed by the attending physician and completed filled in by the funeral state burial-transit permit. Then please remave carbon papers Pages I and it to burial, crematian, ar remaval, and in any event, within 72 hours after death are burial.	130. adm	USUAL RES DENCE (Where de ission) STATE	ceosed lived,	COUNTY Baltim	Residence before		1/2	I INSIDE CITY JIMITS!		ET AND NUMBER	D	
a execut and con remave n any ev	_						sville	<u> </u>	1/023	Plymouth	Rd., Pl	<u>cosville</u>
and rem	14.	FATHER'S NAME First	. 7	Middle	Lost		S. MOTHER'S MAID			Middle		Losi
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ficate by ysician please al, and i	100.	WAS DECEASED EVER IN US les no, or unknown) (11 yes Yes	give wat or dates	of service)	b social security		INFORMANT	1 1/2 7	7000 T	Address		Md.
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ie death ce attending permit. Th		18. CAUSE OF DEATH (Enter PART I DEATH WAS CA	r anly ane o	ause per line f	ar (a), (b), and (c)	1)		- 1	441	6	BETWEEN ON	ISET AND DEATH
leat mit.			MEDIATE CAUS	iE (a)				ORON.	ary c	re husion	Y LESS?	THAN I HE
aff per ian,		1001		JE TO, OR AS A	CONSEQUENCE OF	-	LATER	\mathcal{P}			. 11	Mie
the the mat		Conditions, if any, which go rise to immediate cause (a) l	(b)			124751	AL JU	LMONI	ARY CARCING	W4 /6	703
tran cren		stoting the underlying cou		JE TO, OR AS A	CONSEQUENCE OF							
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equire physic signed burial burial		PART 2. OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING	5 TO DEATH BUT N	IOT RELATED T	O THE TERMINAL D	DISEASE OR CONC	DITION GIVEN I	N PART 1(a)		
w r ding een the rrto	S		lat annual a		YONE							
AN: The law nal and an attending icate has been far use as the Health priar to	CERTIFICATION	190 DATE OF OPERATION			OPERATION WAS PI		20o. AUTOPS			ES, WERE FINDINGS CO IF DEATH?	INSIDERED IN CE	RUFYING
r at a se	ER	1//0/60			1 OF Ben		S YES 🗆	NO Z				
AN: al a icat icat far Heo	¥.	21a ACCIDENT WAS UNDER		ID TIME OF IN.	JUKY Manth Day Year	21c. H	OW INJURY OCCUR	RED (Enter no	ture of injury	in Port 1 or Port 2, 1	lem 18.}	
YSICIAN: aspital ar certificate hed far u	MEDIC	(If either notify medical ex	ominer)	P.Ma		9						
Fig. 8 Fig.	~	21d INJURY OCCURRED While Mot while at work at work	21e. PLACE O	OF INJURY (AT	HOME, FARM, STREET, FA	214	OCATION Street o	or R F.D. No.	City or	Town	County	State
7 7 9	1		2015	. 6				10.42	1.	/ / = / / 10/		
		220. I certify that (I) saw the decease	(M nis Dosp d olive on	oriol j attend	led the deceos	ed from 1965 on	d that in (my)	, 9 -2 -7	n death on	2 4, 196	ond hour o	(I) (we) last
OR ATTENIOR DE retained SIRECTOR: / e 3 should ed with the		causes stated ab	ove, (I) (*	(did) (da	d not) view the	body ofter	death.	(Sort abuno	ii deaiii oo	corred on the do	e ond noor d	nu trotti me
A P S S S S S S S S S S S S S S S S S S		226. SIGNATURE	4	050		1997	ATTENOMIC	. sami	***************************************	22c [ATE SIGNED	,
OR be red v	/ ا	Com stil	· K	May	kennor	DEG	REE PHYS	DIREC	TOR 7	STAFF D	126/6)	9
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Page 4 may be retained to FUNERAL DIRECTOR: 4 director, page 3 should shauld be filed with the	230	DEMOVA /Famely	3b. DATE		23c NAME OF	CEMETERY OF	CREMATORY	2	3d LOCATION	(City or Town)	(County)	(State)
5 5 5 A			Jan.27	7,1969	St. Jac	ob's	Cemetery		Broadb			
VR A15 (4) 30M REV 1/68	24.	FUNERAL DIRECTOR	51	000	ADORES	111	25	SO. RECYPABINE	EGISTRAR 1C	25b REGISTRARS	SIGNATURE	
30M REV 1/68	2	rank It.	// Cer	vel 1	Klen	1800	Mars 0	DATE	O J IC	The state of	read has	sec.



\ /		MARYLAND STATE DEPARTMENT OF HEALTH
1/2	ł	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 💢 👸 💯
4 -10	_	00501 CERTIFICATE OF DEATH
북 <u>-</u> 2북		CEASED NAME First Middle Last 20. DATE OF DEATH 2b. HOUR
oap dead	'	TAV Month 30 1969 945 MM
hours after deoth	3. \$	
		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARPHED IN NEVER MARPHED 9. COUNTY OF DEATH
2000	COA	N. J. USA WIDOWED BY DIVORCED BALTIMORE MA
- 1 = E	10.	ITY OR TOWN OF DEATH IN NAME OF HOSPITAL DR INSTITUTION (If not in hospital I 20 USUAL OCCUPATION (Kind of work done I 125 KIND OF BUSINESS OR
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		ESSEX give street oddress) ARGARET during most of working life, even if retired) INDUSTRY
d cart, mit,	130	USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER
ecuted compl	odin	ISSION) STATE MO. 136 COUNTY BALTO, ESSEX YES NOW 301 MARGARET
ond completer remove carb in any event,	14.	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
n or		HERMAN SPIELMANN
equires that the death certificate be executed physicion. signed by the ottending physicion and complet buriol-transit permit. Then please remove carburial, cremation, or removal, and in any event,		WAS DECEASED EVER IN U.S. ARMED FORCES? es, na, gr unknown) (If yes give war or dates of sensite) 16b. SOCIAL SECURITY NO 17. INFORMANT Address R.L.
shy and a shy		NO GONGE MENTER OF DERKSAIRE
ne death ceriific ottending phys permit. Then p ion, or removol		IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) APPROXIMATE INTERVAL BETWEEN CHISET AND DEATH
he death ottendii permit.		PART 1. DEATH WAS CAUSED BY SUDDEN DEATHY
offe d		400 X DUE TO, OR AS A CONSEQUENCE OF
that the on. by the tronsit p		Conditions, if any, which gove (b) HYPERTENSIVE HEART DISEASE 19485
tron tron crer		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
equires that thy physicion. signed by the buriol-tronsit buriol, cremo		losi (d)
Phy sign puri		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
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The la otten otten has b he se os in prior i	CERTIFICATION	196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
The property of the property o	ERT	15 10
AN. al o for for Hec		216. ACCIDENT WAS UNDERLYING 236 TIME OF INJURY 216. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
SICI Spirit entif ed : of	MEDICAL	(If either, notify medical examiner) P.M. 19
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the hospital or ottending physicion. O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and comple director, page 3 should be detached for use as the buriol-transit permit. Then please remove cashould be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any evern		21d INJURY OCCURRED VALUE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State of Work of W
DING d by the After a be d	Н	22a I certify that (I) (this hospital) attended the deceased from NOV 11, 1949, ta LAN 20, 1969, that (I) (we) last sow the deceased alive on AND, 1969, and that in (my) (our) opinion death occurred on the date and have and from the
F. A FENT	L	causes stated above (1) (we) (aid) (did nat) view the body after death
ATTEN stained CTOR: / should iff the	ı	226 SIGNATURE 22c, DATE SIGNED
98 mg	П	DEGREE PHYS. DIRECTOR
TAL Ondy be AL DIF		NAME (TYPE) / OSEPH MICELI, MD. 220 ADDRESS 108 S, TLYLOR LIE ESSEV MD 21221
A n 4 n tor, sid b		(- 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with the	230	BURIAL, CREMATION. 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Store) REMOVAL (Specify) 2/3/69 BEL AIR BELAIR MD.
	24.	FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2SD REGISTRAR'S SIGNATURE
30M REV. 1008	J	. G. CONNELLY SONS 300 MACE DATEFEB 3 1969 MINERALLY



<i>i.i.</i>	١,	0050~	MAKTLA	S, 301 W. PRESTON STREET, BA	ITIMORE, MARYLAND 21201		
	It	em23 FilmG408	1/16/69 kk CERTIFICATE OF DE			90498	
death. and 2 death		CEASED-NAME First ype or print) Lil	lian Agust	a Mullineaux	20. DATE OF DEATH Month De	Yegr 2b. HOUR	
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ate be executed within 24 cidan and completely filled in paper and in any event, within 72		ITY OR TOWN OF DEATH	give street oddress) Balto Co.	durina	SUAL OCCUPATION (Kind of work done most of working life, even if retired)	126. KIND OF BUSINESS OR	
npletel e carb	13a	USUAL RESIDENCE (Where decease	ned lived, if institution, Residence before new 13b. COUNTY Bal. to	Baltimore YES		erty Rd.	
ny e	14.	ATHER'S NAME First	Middle Lost	LIS MOTHERS MAIDEN NAM	-X 0% 00 1100	last	
on on on on on on on		Will:			Augusta Ehrhard	lt	
hysidan n pleas	160	WAS DECEASED EVER N U.S. ARM		. (/	E. Mullingan 82		
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CIAN: ital or ifficate for use	MEDICAL CER	210 ACCIDENT WAS UNDERLYING CAUSE OF DEA (If either, notify medical exami	ATH HOUR A.M. Month Doy Ye		nter nature of injury in Port 1 or Port 2	, Item IB.)	
PHYSI he hosp this cert etachec	ME	21d. INJURY OCCURRED 21e. While Not while of work	PLACE OF INJURY (AT HOME FARM STREET OFFICE BUILDING, ETC	FACTORY.) 21f. LOCATION Street or R.F.D.	- 1 0	County State	
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ITAL 0 may be RAL DIS poge be filed		22d. PHYSICIAN'S NAME (Type)	Joan Joan,	DEGREE PHYS 220 ADDRESS	E General Hos	pital.	
O HOSP Page 4 O FUNE director should	230	BURIAL, CREMATION, 23b	DATE 23c NAME 9-1960 741	OF CEMETERY OF CREMATORY	23d LOCADION (City or June)	(County) (State)	
VR A15 (WAS		FUNERAL DIRECTOR	yen/87287	Les Road DATE	ANT UNITED STRAIR 1969 REG STRAIR	S SIGNATURE	



		0050	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BALTI	MORE, MARYLAND 21201	
- '		30505		CERTIFICATE OF DEATH		30449
	DE(EASED NAME First pe or print)		Lost	2g DATE OF DEATH Month Dg	y Year 2b. HOUR
l and 2 er death		FR	EdERILK W.	MURK	VANHARY 2	0, 1969
the fu	SE)	MALE	4 RACE WhiTe	S DATE OF BIRTH MArch 22, 1	6 AGE (in years lost birthdoy) YRS.	IF UNDER 1 YEAR OF JINDER 24 HRS. MONTHS DAYS HOURS MIN.
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	and the	TY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INS	STITUTION (If not in hospital 12a USJA)	OCCUPATION (Kind of work done at at working life, even if retired.)	126 KIND OF BUSINESS OR
event,	3a l	JSUAL RESIDENCE (Where deceosion) STATE	sed lived, if institution Residence before	13c CITY OR TOWN 13d INSIDE CITY LIM CATENSVILL YES NO	1757 13e. STREET AND NUMBER	FLock Rd.
6 /	4. F/	THER'S NAME First	Middle Last	IS. MOTHERS MAIDEN NAME FI	James .	Lost
i j		John	Murt		BLUM	
a, ar		WAS DECEASED EVER IN U.S. ARI s, no or unknown) (If yes give to	MED FORCES? Nor or dates of service) 16b. SOCIAL SECURITY I 2/3-34-42		Address A. Buxes 5	423WhiTLOCK
, a	T	18. CAUSE OF DEATH (Enter on	nly one cause per line for (a), (b)/ and (c).			APPROX MATE INTERVAL BETWEEN ONE AND GEATH
or re	1	PART I. DEATH WAS CAUSE	D BY: ATE CAUSE (a) ANALON	scular wellapse		low
ida, ar r	1	1	DUE TO, OR AS A CONSEQUENCE OF			7
, cremat	1	Conditions, if any, which gave ; rise to immediate cause (a),	IN LANDING	US ,		2 yeurs.
burial, crematian, ar remaval, and in any		stating the <u>underlying couse</u> last.	(c) PARELUO	na oprostate		8-years.
	ľ	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OR CO	INDITION GIVEN IN PART 1(a)	
	N N	19a, DATE OF OPERATION 19b	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 200 AUTOPSY?	206. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
Health priar ta	CERTIFICATION			YES NO	CAUSES OF DEATH?	
	₹	21 a. ACCIDENT WAS UNDERLY!! ☐ OR CONTRIBUTING ☐ CAUSE OF OEA (If either, notify medical exami	TH HOUR A.M. Manth Day Year		nature of injury in Part 1 or Part 2,	Item 18.)
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		saw the deceased o	alive an 1900 (did) (did not) view the	9, and that in (my) (aur) apir bady after death.	ion death accurred an the d	ate and haur and from th
		22b SIGNATURE	is Measin	ATTENDING MA		DATE SIGNED
shauld be filed with the	Ì	22d. PHYSICIAN S NAME (Type)	west Pologia	22e ADDRESS 1	MENURAL BO	1th 29 md
Plan 2	230.		DATE 230 NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (Stote)
W.	10		AN. 23, 1969 NEW			Md.
15 (4) EV 1/68	24 1	UNERAL DIRECTOR	ADDRESS 4 5 15 1 13 4 13	1 A A	REGISTRAR 256. NEW PAR	is judge
· 17.00	7	IRIAM AN . ICh	WAN 2/2/ /7611	O. ALAILEN AL DATE		(/ V

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	111										
FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH	E SEPS II AS										
HEALTH DEPT. I DECEASED-NAME First Middle Lost 20 DATE KNOWN Month Doy	Yeor 2b HONR										
Eugene D Murphy Dear March 1/2 1/2/2/	2169XCPM										
3 SEX 4 RACE S DATE OF BIRTH 6 AGE (in years 15 Junder 24 Hrs 22 DATE PRONOUNCED DEAD 7/3/06 16 June 15 June 16 June 16 June 17 June	1969/0 13M										
7a BIRTHP.ACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH COUNTRY) Maryland USA WIDOWED DIVORCED 1	A										
10. CITY OR TOWN OF DEATH NAME OF HOSP TAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind at work done 12b KIN	D OF BUSINESS OR										
Bal timore Bal timore Give street coddress St. Joseph Hosp Maintenance Supervision St. Joseph Bal timore	give street address)										
The BRTHP-ACE (Store or foreign to country) A BRTHP-ACE (Store or foreign to country) B ANARIED MINOR or hospital (12b USJAL OCCUPATION (Kind of work done 12b Kind or Not from hospital (12b USJAL OCCUPATION) A STATE OF THE ACE (What of work done is present orders) B ALTIMOTE DESTRUCTION (Kind of work done is present orders) A BRTHP-ACE (Store or foreign to country) A BRTHP-ACE (Store or foreign to country) A BRTHP-ACE (Store or foreign to country) B ALTIMOTE DESTRUCTION (Kind of work done is present orders) A BRTHP-ACE (Store or foreign to country) A BRTHP-ACE (Store or foreign to store or foreign to country in the Act o											
4 FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle	lost										
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Hanra To Was Deceased Ever in t. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war or dates of service) (If yes, give war or dates of service) (Sa											
No Mrs. Evelyn Murphy (Sa	PPROX MATE INTERVAE										
18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) PUBLISH TO OR AS CONSCIUENCE OF	WEEN ONSET AND STATH										
IMMEDIATE CAUSE (O) DUE TO, OR AS A CONSEQUENCE OF	- C, C, E 77										
Canditions, if any, which gove (b) Corton of Succession (b)	2/5 5										
B CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE (AUSE (b) DUE TO, OR AS A CONSEQUENCE OF conditions, if any, which gove rise to .mmediate cause (a). Stating the underlying cause (b) Stating the underlying cause (c) (c)											
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PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)											
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PRIMARY OR CONTRIBUTING HOUR A.M. (AUSE OF DEATH P.M 19 21d INJURY OCCURRED 23e PLACE OF IN. JRY (At home, farm, street, 21f LOCATION Street or R.F.D. No. City or Town Count	y Stote										
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AT WORK AT WOR	nd in my apn an										
22a. I certify that I taak charge of the remains described abave, held an Autapsy , Inspection , Inquity , and death resulted from: Natural causes . Accident . Suicide , Hamicide , Undetermined manner .											
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SIGNATURE TO RECEIVE OF ACTION ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED	9										
WHILE MOT WHILE AT WORK factory, office building, etc) 22a. I certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry , and death resulted from Natural causes Accident . Suicide , Hamicide , Undetermined manner . CHIEF MEDICAL EXAMINER . ASS STANT MEDICAL EXAMINER . DEPUTY MED CAL EXAMINER . ASS STANT MEDICAL EXAMINER . ADDRESS (Street, cty, town, or county) 23b. DATE SIGNED DEPUTY MED CAL EXAMINER . ADDRESS (Street, cty, town, or county) 23c. NAME (Type) . DATE . SIGNED . ADDRESS (Street, cty, town, or county) 23c. NAME (Type) . ADDRESS (Street, cty, town, or county)											
O = = 30 BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County)	(State)										
REMOVAL (Specify) Burlai 1/6/69. Parkwood Cemetery Baltimore, Md.											
VRA SME (1) Leonard J. Ruck, Inc. Balto. Md. 21214											



1 2		MARYLAND STATE DIVISION OF VITAL RECORDS, 301 W. PI	DEPARTMENT OF HEALTH	AND 21201	
FOR STATE		of m has	'S CERTIFICATE OF DEATH	AND ATAO	20501
HEALTH DEPT.		ECEASED NAME First Middle	lost	20 DATE KNOWN X Month D	oy Yequ 2b HOUR
S to S de	{	(YPE OF Print) DOUGLASS	MUSE	OF ESTI- DEATH MATED 1-16	1968 A. M
\$ 2 \ Care	3 5	and the same of th	(19 years IF UNDER YEAR IF UNDER 24 HRS. 24 day) MONTHS DAYS HOURS MINL	2c. DATE PRONOUNCED DEAD	9 24 HOUR 7:30
Iny delay is 2, and 3 ta PM3. Page		Male Negro 12-8-52 16	YRS.	Month January Doy 16,	Yeor 19 68 A. M
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farr farr		SA 140. 1.101 01. 01.11	WIDOWED DIVORCED	BALTIMORE	Md
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sive ng n h th	130	USLA. RESIDENCE (Where deceased lived, it institution Residence before	seph Hospital UNE~	13e. STREET AND NUMBER	
INER: This certificate shauld be executed within 24 haurs after death be certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, should be farwarded to the Chief Medical Examiner's Office along with farm files. 3 should be used as a burial-transit permit. File pages I and 2 with the State De nation, ar removal, and in any event within 72 haurs after death.	0		Baltimore YES [X] NO [1804 Calvert S	treet
Hree Hree	14. [ATHER'S NAME First Middle cost	15. MOTHER S MAIDEN NAME First	Middle	Lost
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age service		NAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 (If yes give way or dates of service)		ADDRESS	2 .5+ 57
Exam Exam File p		(If yas give wor or dates of service) NoNe.	VIOLET Muse	1802 E. 3	31-, 21.
rted al E		1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART 1. DEATH WAS CAUSED BY:	and a first second a first second		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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d b rd " Chic Chic		rise to immediate couse (o).			
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NER cer houl lles. sho	MED CAL	CAUSE OF DEATH 5:10 190	Shot by unknown 21f LOCATION Street or R.F.D. No		Faraba Santa
	200	21d INJURY OCCURRED WHILE WHILE AT WORK AF WORK 21e PLACE OF INJURY (At home, form, street, foctory, office building, etc.)	7	C ty or Town	County Stote
JICAL EXAM Mease execute the director. Page 4 etained far yaur DIRECTOR: Page or to burial, cren		22a I certify that I took charge of the remains described	above held an Autonsy XI das	spection . Inquiry .	and in my opinion
CAL exe cd for L		death resulted from Natural causes Accident		Undetermined manner	-
please e) directar. retained or ta bur		00 85 70.	CHIEF MEDICAL EXAMINI		_
		ACTUAL SIGNATURE	M.D. ASSISTANT MEDICAL EXA		GNED
for the second s		EXAMINER'S NAME (Type) Charles S. Springate, M	• D • DEPUTY MEDICAL EXAMI ADDRESS(Street, city, to		16, 1969
TO THE COLUMN TO FILE		DEMONIN IC., III	EMETERY OR CREMATORY 23d	LOCATION (City or Town) (C	County) (State)
(A)	B	REMOVAL (Specty) 1-20-69 MT.	ALDEN	SAJto.	Md.
VR ARSME (S	24	FUNERAL DIRECTOR ADDRES		. 0497	
VK A13/41 (29	IM	OKETO N + DUOTT 1701 LAURE	NS DATE JAN 2	1 1989 /Cum	THE WARRY

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	MARILAND STATE DEPARTMENT OF HEALTH	
2	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 30562	
	CERTIFICATE OF DEATH	
2	Decreto Mant	HOUR
funeral funeral s I and 2	(Type or print) An Manth Day Year	
de de	Minnie E. Musselman 1 41 69 71.	37/M
fer free free	SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years I FUNDER YEAR IF UNDER	
s after of the fundages I safter of the fundag	Jamale White Oct. 22 18F2 St birthday) YRS MONINS DAYS HOURS	Alln.
A Pa	O. BIRTHPLACE (State of foreign 76 CITIZEN OF WHAT COUNTRY? B MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
in 4 h	ountry) Mover Markies	
filled filled	DOTLIMOTO	Md.
	D. CITY OR TOWN OF DEATH 11 NAME OF HOSPITA. OR INSTITLTION (If not in hospito	OR
unted with	Ordings all Retired	
od of the state of	30 USUA, RESIDENCE (Where deceosed lived, if institution. Residence before 13g/CTY OR TOWN 13d INSIDERCE	
to see a	dmiss on) STATE Maryland 13b COUNTY Baltimore Catonsville YES NO X 439 Chalfonte Drive	
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be executed within one carbon in any event, with	TOSI TOSI	
ond in		
Sici cot	6a WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) Address	
ertificate physicia nen pleat	No [17 yes gave word or dises of service] 216-28-4351A Mr. Harold G. Musselman, 439 Chalfonte D	rive
at the death cer the attending p nsit permit. The mation, ar remo		VA.
oth odir r re	PART I. DEATH WAS CAUSED BY	TAIH
e death attendir sermit.	IMMED ATE CALSE (a) WHENCE OF CHICAGO PROCEDURES OF CHICAGO PROCED	
he a perior	Conditions, if ony, which gave)	
t the state of the	rise to immediate cause (a)	
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sicional sic	lost (c) Cerebral & Coronary arterioschoone	
OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death be retained by the haspital or attending physician. **IRECTOR: After this certificate has been signed by the attending physician and Campletely filled in by the funeral e.3 should be detached for use as the burial-transit permit. Then please comban papers. Pages I and Sed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within sed authority after death	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
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OR ATTENDING PHYSICIAM: The low rebe retained by the haspital or attending DIRECTOR: After this certificate has been se 3 should be detached for use as the ed with the State Dept. of Health prior to	21d INJURY OCCURRED 21e, PLACE OF INJURY / AT HOME, FARM STREET, FACTORY 1 21f HOF ATTOM Street or R.F.D. No. (Lity or Town County)	tate
PH his his	While Not while \ \OFFICE BUILDING, ETC.	1010
5 = 1 = 5 = 1	1920 Locality At a (1) (At a book (1) at a b	
DING J by the Affer of State	22a. I certify that (I) (this haspital) attended the deceased from //- / 2- , 1956, ta /- 2/- , 1969, that (I) (we saw the deceased give an /- 1969, and that in (my) (and approximately approximately approximately approximately approximately approximately (ii) (we) (did) (did not) view the body after death	e) last
R. R. Lind	causes-stated annue (1) (we) (did) (did ann) yiew the body after death	im the
E to the first	224_SIGNATURE 22c DATE SIGNED	
REC ×	ATTENDING MED STAFF	
D D D D D D D D D D D D D D D D D D D		
Mar Nay	22d. PHYSICIAN'S NAME (Type) HARRY (L. KNIPP MP) 22e ADDRESS 4116 Selmondian Are. 3. H. Jand	13
TO HOSPITAL OR ATTENPAGE 4 may be retained. TO FUNERAL DIRECTOR: directar, page 3 should mhould be filed with the	natività di	= 7_
S S S S S S S S S S S S S S S S S S S	BO BURIAL CREMATION, 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d 10CATION (City or Town) (County) (State	7
55 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	BURIAL 1-24-1969 Meadowridge Cemetery Howard County, Md.	
13	4. FUNERAL DIRECTOR ADDRESS 250, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
VR A15 (4) 45M - 1,69	4. FUNERAL DIRECTOR ADDRESS	4
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 . 503 0050. CERTIFICATE OF DEATH 1. DECEASED NAME First Middle Lost 20. DATE OF DEATH (Type or print) Isabel Musso January 3 SEX 4. RACE S DATE OF BIRTH 6. AGE (In years last birthday) white OAYS HOURS female July 5, 1890 7o, BIRTHPLACE (State or fore an 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED [7] NEVER MARRIED [33] country) WIDOWED [7] DIVORCED [Baltimore Italy Italy 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY Catonsville SPRING GROVE STATE HOSP a camstress burial, crematian, at remayal, and in any event. 13a. JSUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 12b. COUNTY NO 4815 Reisterstown Read Balto. 14. FATHER'S NAME First IS. MOTHER'S MAIDEN NAME First Middle Lost Middle Concetta Legambe Piatro Musso 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT 215-01-0578T Records: SPRING GROVE STATE HOSPITAL Yes, na, ar unknown) 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MYOCARDIAL INFARCTION, acute, death hours DUE TO, OR AS A CONSEQUENCE OF diease with previous infarctions (b) Arteriosclerotic, cardiovascular heart signed by the c burial-transit pi 10 years Canditions, if only, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burnal-tran should be filed with the State Dept. of Health ||| Iniar to burial, crer stating the underlying cause (dArteriosclerosis, generalized, senile years PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SERMINAL DISEASE OR CONDIT ON GIVEN IN PART 1(a) none 19a, DATE OF OPERATION 20a AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO T 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while of work 22a. I certify that (1) (this haspital) attended the deceased from July 2 , 19 46 , to Jan 12 , 19 69 , that (1) (we) last saw the deceased alive an Jan 12 19 69, and that in (my) (66) apinian death accurred on the date and hour and from the causes stated above, (1) (36) (36) (36) (37) wew the bady after death. 22b SIGNATURE 22c. DATE SIGNED 1-13-69 22d. PHYSICIAN'S 22e. ADDRESS SPRING GROVE STATE NAME (Type) Anthony, Young, M.D. Baltimore. Maryland 21228 23d LOCATION (City or Town) 23g. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) Baltimore 25b. REGISTRAR'S SIGNATU VR A15 (4) 30M REV 1/68

MAKTLAND STATE DEPAKTMENT OF HEALTH



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MARYLAND STATE DEPARTMENT OF HEALTH



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The rott of the hor was a strip	CERTIFICAT	DI - ACCIDENT WAS IMPEDIATE	D. Total There's DE 1841/300/	YES NO		4. 101
AN ol o licate for Hea		210 ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH		21c HOW INJURY OCCURRED (Enter	noture of injury in Port 1 or Port 2,	Item 18.)
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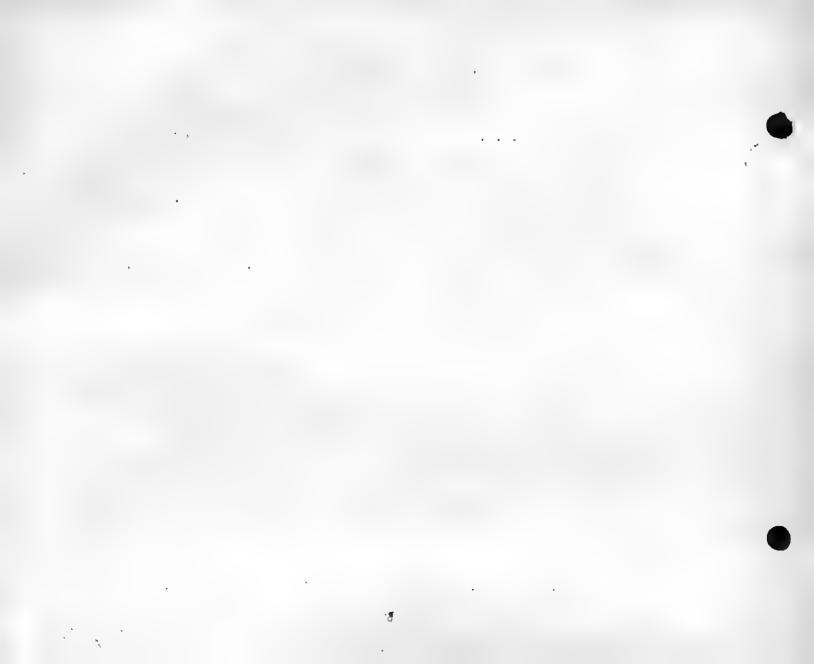


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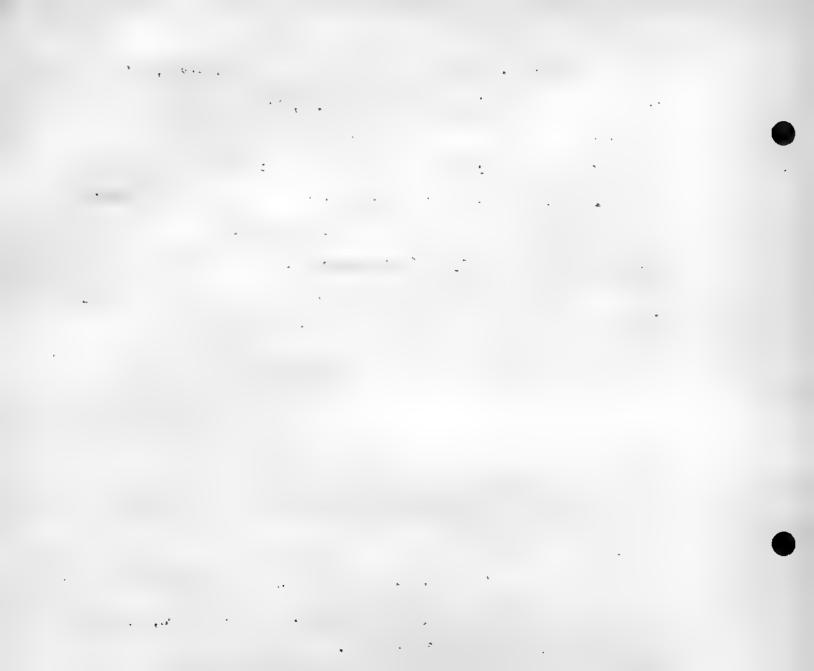
MAKTLAND STATE DEPARTMENT OF HEALTH



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R ATTENDING PHYSICIAN: The law requires that the death certificate be executed retained by the haspital ar attending physician. ECTOR: After this certificate has been signed by the attending physician and camplered should be detached for use as the buriol-transit permit. Then please remove carb with the State Dept. of Health priar to burial, crematian, or remayal, and in any event,		21d. INJURY OCCURRED 21e. Pl While Not while	ACE OF INJURY (AT H	OME, FARM, STREET FACTI TE BUILDING ETC	ORY.) 21F LO	CATION Street o	or R.F.D. No	Ety or Town		County	State
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ADING d by t After d be c		22a. I certify that (1) (this saw the deceased allocauses stated above,	nospital) attende	ed the deceased	d fram 64 and	that in (my)	(mur) aninian	death accurred or	n the date	and have ar	od from the
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that Page 4 may be retained by the haspital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the buriol-trans, shauld be filed with the State Dept. of Health priar ta burial, crering the prior ta burial, crering the prior ta burial.	92	Di., v	ilmer K.	23c NAME OF C				LOCAT ON (City or To			(Stote)
O HO O HO O O O O O O O O O O O O O O O	230	BUR AL, CREMATION, 236 DA REMOVA. (Specify) BURTAT. 1-		Loudon	Park (Cemetery	1 230 E	Baltimore,	Maryl	(Caunty) and	(210,0)
1/20	24 FI	BURTAT. L- UNERAL DIRECTOR	20-1969	ADDRESS			So REC'D BY REGI	ISTRAR 2Sb. RE	GISTRAR S SIC	NATURE	. :
JOM REV ME		ward H. Hubbard	1, 4107 Wi	lkens Av	e.	07000	DATE 1 1 2 1	1 1969 /	MONE	the many	



MARTLAND STATE DEPARTMENT OF HEALTH



\sim		MARYLAND STATE DEPARTMENT OF HEALTH	
1/6		20512 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	0549
()//()	I	Item 3 FilmG409 2/5/69 kk CERTIFICATE OF DEATH	. 003
# _~		DECEASED NAME First A Middle Loss , 20 DATE OF DEATH	2b HOUR
er death		(Type or print) for fine m Oble JAH Month Boy	1969 PM
within 24 hours after death Wy filled to by the funeral bor papers Adges 1 and 2 within 72 hours after death	3. SI		UNDER 1 YEARS OF UNDER 24 HRS HTHS DAYS HOURS MIN
hours hours	7o.	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
24	1/2	32/7, more C/O /7 WIDOWED DIVORCED Baltimore	Md
Athir position	1	Catonsville 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital during most of work dane during most of working life, even if retired.) Catonsville Nursing Home 12 USUAL OCCUPATION (Kind of work dane during most of working life, even if retired.) Rettred	126 KIND OF BUSINESS OR 1NDUSTRY B & O RR
	13o	o USUA, RESIDENCE (Where deceased Inved. if institution, Residence before 13c CTY OR TOWN 13d INSIGE CITY LIMITS? 13e STREET AND NUMBER	D & O 141
	odm	mission) STATE No 13b. COUNTY Baltimore YES NO 709 Nottingham	Road
d c d c	14	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
ertificate be exemple by sicion and complete remains and contraction and contraction and contraction and contractions are seen as the seen are seen as the s		Catherine Mohr	
ote icior leos ond	160.	o. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no. of unknown) [If yes give wor or dates of service]	21229
Tific n p vol,		Yes, no, or unknown) [If yes give wor or dates of service) — Mrs. Elle M. Heiner Chle, 725 Cool	ts Lane
oms F	Г	18. CAUSE OF DEATH (Enter only one couse per inne for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
he deoth ce ottending permit. The	ı	PART 1. DEATH WAS CAUSED BY. !MMEDIATE CAUSE (0)	6H475 -
onte on,		4/34 DUE TO, OR AS A CONSEQUENCE OF	
at the		Conditions, if any, which gave nose to immediate cause (a). (b) MYCCARDIAL & CEREBRO VASC. DISEASE	2YKJ.
tha an. by ron ren		Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
equires tha physician. signed by buriol-tran burial, cren		(c) ANTENIO SCLERO SIN .	
equi sigr burn		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
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The law requires that the deoth certificate be executed ottending physician. has been signed by the offending physicion and complese os the buriol-transit permit. Then pleose remove the prior to burial, cremation, ar removal, and in any event	CERTIFICAT	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE FINDINGS CONS	DERED IN CERTIFYING
or or after us eoft			18.)
ICIA Sittal di fo of H	MEDICAL	OR CONTRIBUTING CAUSE OF ORATH HOUR A.M. Month Doy Year 19 19	
Page 4 may be retained by the haspital or attending physician. To HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exerged 4 may be retained by the haspital or attending physician and confinertor, page 3 should be detached for use as the buriol-transit permit. Then please remained by the State Dept. of Health prior to burial, cremation, ar removal, and in any	WE	21d INJURY OCCURRED 21e. PLACE OF INJURY (AT MOME FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town of work at work	County Stote
N Y the fer the different forte			L, that (I) (we) lost
NDI NDI ed b	L	220. I certify that (I) (this hospital) attended the deceased from 1960, to 1960, to 1960, sow the deceased alive on 1960 and that in (my) (our) opinion death occurred on the date	and hour and from the
Soin Soin State	П	couses stated above, (I) (we) (did) (did not) view the body after death	2 Clause
OR ATTEND be retoined blrector: A ge 3 should led with the '		226 SIGNATURE Degree ATTENDING MED. STAFF	esigned 30/69
O HOSPITAL OR ATTEND Page 4 may be retoined O FUNERAL DIRECTOR: A director, page 3 should should be filed with the		22d. PHYSICIAN'S NAME (Type) PAILLER ZIEGLER 220 CHEST HUT HILL DI	EXX.COTTCIT
e 4 4 UNE	23a	ia. BURIAL, CREMATION. 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	Caunty) (State)
O Pog v		REMOVAL (Specify) Burial 23b. Date 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) Crestlawn Cometery Baltimore, Maryla	
(.1)	24	FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 256 REGISTRAR 5 SIG	NATURE
30M REV 160	W.	Vitzke, 4101 Edmondson Ave., 21229 DATEIAN 21 1969 Icharl	es judge
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5	MARTLAND STATE DEPARTMENT OF HEALTH
	O 0 5 1 2 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 O 5 1 0
The state of the s	1. DECEASED NAME (Type or print) Estelle margaret Cperman 20. DATE OF DEATH Month Day Year 269 50 M
2 2 2	Female WHITE S DATE OF BIRTH 6 AGE (In years IF LINDER 24 HRS last brighday) MONTHS DAYS HOLES MIN
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	70 BIRTHPLACE (Stote or foreign 7b (ITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH 10 OR € Md
within	10 CITY OR TOWN OF DEATH PRINTING COMPATION (If not in hospital post of working most of working life, even if retired) PRINTING COMPATION (If not in hospital post of working life, even if retired) INDUSTRY INDUSTRY
signed by the attending physician and campletely f burial-trans.t perm.t. Then please remave carban burial, cremat.an, or remaval, and in any event, with	130 USJAL RESIDENCE (Where deceased lived, f institution Residence before 13c. CITY OR TOWN 13d MSJDE CITY LIMITS? 13b STREET AND NUMBER 13b COUNTY PES NO 3609 Telmac Rd.
nd in an	14 FATHERS NAME First Middle Lost IS MOTHER'S MA DEN NAME First Middle Lost Henry Vordernberge Therese Kaider
מסול ומאל	160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no ar unknown) (Ill yes give war or doles of service) 16 SOCIAL SECURITY NO 17 INFORMANT, R. OPERMAN. Address Address Address
tan, or rem	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART DEATH WAS CAUSED BY IMMEDIATE (AUSE (a) Multiple Filmonary Emboli If days Oue To, or as a consequence of Conditions, fony which gave)
ial, trema	nse to immediate cause (a) stating the underlying couse lost. 4 2 (1) (c)
r to bur	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) RETERIOSELEROTIC CARDIOVASCULAR DISEASE. BRONCHOPNEUMONIA
Ith prior	19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. if YES, WEBY FINDINGS CONS DERED IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INHERY CICIURPED. (Foter nature of invitor of Part L or Part
af Hea	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 19
te Dept.	While of work of work of work
should be filed with the State Dept. of Health prior to	22a. I certify that (I) (this hospital) attended the deceased from 12-9-, 1968, ta 1-2-, 1969, that (I) (we) last saw the deceased all ve an 1969, and that in (my) (ww) apinion death accurred on the date and hour and from the causes stated above, (I) (we) (did not) view the body after death.
filed with	226 SIGNATURE Thorough H. Condesson M. DEGREE PHYS DIRECTOR DIRECTOR DIRECTOR PHYS DAM. 2, 1969 22d. PHYSICIAN'S 22e. ADDRESS 22e. DATE SIGNED 22c. DATE SIGNED
ould be	NAME (Type) HOWARD H. GENDASON MD. 11969 REISTERS TOWN Rd. REISTERSTOWN MO. 230 BURAL CREMATION, 236 DATE, 234 NAME OF CEMETERY OF CREMATORY 23d LOCATION (City of Town) (County) (State)
	SEMOVAL (Specific 1-4-69 DRUID Race Cometery - BALTO, Md. 24 FUNERAL DIRECTOR ADDRESS 250 RECIDENT REGISTRAR 250 REGISTRAR S SIGNATURE
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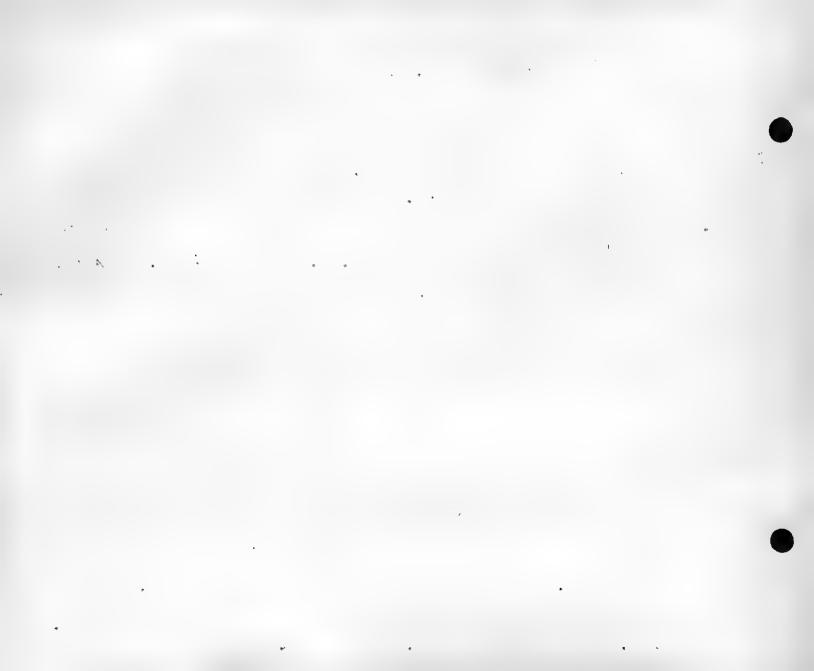


1反为	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	80515 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT. 1	1 DECEASED-NAME First Middle Lost 2a DATE KNOWN Month Day Year 2b HOUP (Type or Print)
oy is 3 to Page ent of	Annie narie Claim Death Mated Canvary 8 1967 / D. M.
deloy and 3 M3. Pag	3 SEX 4. RACE S DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 21 DATE PRONOUNCED DEAD 2d HDUR MINI MIGHT
ny del 2, ond PM3.	Female White April 5,1875 93 YRS
- TO	70 B RTHPLACE (Stote or fore gn 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
Poges Poges ith for	TO CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work dane 12b KIND OF BUSINESS OR
hours after death. Item 18. Give Poges 1, Office olong with form land 2 with the State Da	Towson 10 CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital during most of work done during most of working life, even if refired) 12b KIND OF BUSINESS OR HOUSEWITE
after 8. Giv olong with the	13a ISITAL RESIDENCE (Where decorat head of net but on Par done heard 13c CTY OR TOWN 130 INSIDE CITY DRIVE 113a STREET AND NUMBER
s after 18. Gi	admission) Maryland 13b COUNTY Baltimore Perry Hall YES NO K 1205 Darleigh Rd
hours of them 18. Office of the office of th	14. FATHER'S NAME First Middle Lost IS, MOTHER'S MAIDEN NAME First Middle Lost
	John Von Hagel ?
	160 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes great water of dates of service) (If yes great water of dates of service) None Mr. J. Donald Orem Same
wif per xorr xorr xorr xorr	
weruted with ding" in per Addical Exam Addical Exam Pale pegant Tale	18 CAUSE OF DEATH (Enter only one cause per line for (a) 1b) and (c) PART I DEATH WAS CAUSED BY
ding	IMMEDIATE (abse (a)
ould be exvord "pend The Chief M Od-transit p	Conditions, if ony, which gave) DUE 10, OR AS A CONSEQUENCE OF
d bi Chira	rise to immediate cause (a). stating the underlying couse DUE TO, OF AS A CONSEQUENCE OF
This cert ficate should be executed within 24 cate, writing the word "pending" in penc.l in be forwarded to the Chief Medical Examiner's libe used as a buriot-transit perart File pages in remayal, and in any event (writing 72) hours	lost.
rate s gg the ed to ed to s o bi	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINAL DISEASE OR CONDITION OF VEN IN PART 1(a)
ifing iring ardec al, o	
te, writin forward forward e used or remayal,	190 DATE OF OPERATION 190 COND T ON FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNA. CAUSE WAS 210. THE OF INJURY Month, Por, Year 211. HOW INJURY OF URRED (THE DELIVERY IN PORT THE MISS).
i de esta	21a. EXTERNAL CAUSE WAS 21b TIME OF INJURY Manth, Pay, Year 21c HOW INJURY OCCURRED (this Tattus of Mayor in Port for Pay 2, Item 18)
進力 早り	
INER shoul files. 3 sho attor	21d INJURY OCCURRED 21e PLACE OF INJURY (At home form, street, 21f LOCATION Street, or RFD No. (ity or Town / County Stote
bical Examiner: se execute the certification of the certification of the certifies. iECTOR: Page 3 should be build, cremation.	WHOLE IN NOT WHOLE I TOCTORY, Office building, ex)
LES Gecu Pag For V	22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection I Inquiry , and in my opinion
e executor Poet for ed for crores burnal,	death resulted from. Natural causes , Acadent , Suicide , Hamicide Undetermined manner
please of director retained.	LEFFIEF MEDICAL EXAMINER
ory, ple perol d be ref RAL D prior	SIGNATURE LIVE ELLES TO CONCELLAD. ASSISTANT MEDICAL EXAMINER 22b, DATESIGNED
D DEPUTY hecessory, properties from be roll of moy be roll be roll be related to record	EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, town, or county)
O DEPUTY Decase necessory, please the funeral direct 5 may be refained Provided Prov	230 BUR AL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Store)
2 - 2	REMOVAL (Sperity) Burial 1/11/69 Loudon Park Baltimore, Maryland
2.2	24 FUNERAL DIRECTOR ADDRESS 25d RECID BY REGISTRAR 25b REGISTRAR SIGNATURE
VR A15ME (5)	Leonard J Ruck Inc. Baltimore, Maryland DATJAN 10 1969 Polisales Judge

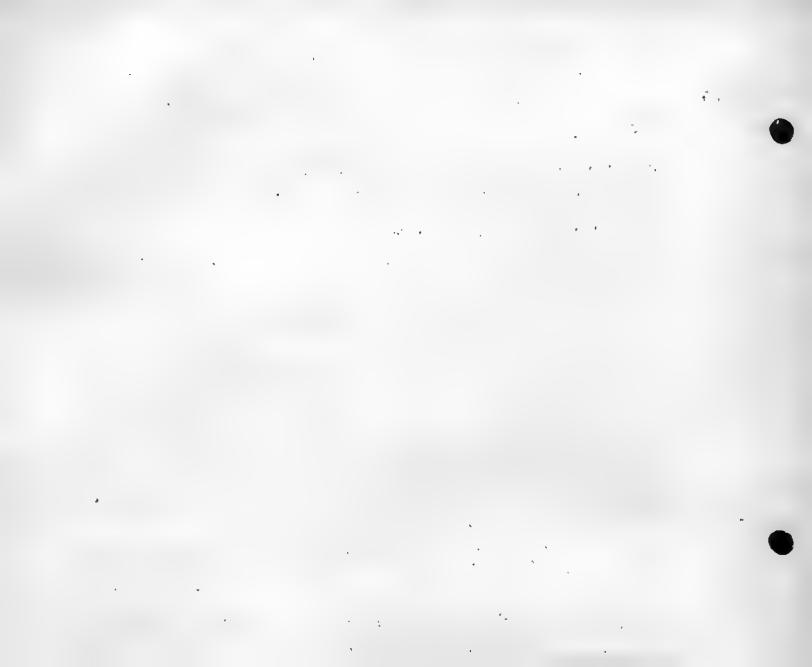
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10_1	10 5 1 to DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	cml3 Film Gho8 1/15/69 kk CERTIFICATE OF DEATH	
£ _2£	EASED-NAME First Middle Lost 20. DATE OF DEATH 25.	HOUR
Executed within 24 haurs after death. In completely filled in 59 the funeral emave carbon papers. Eages I and 2 any event, within Annous street death.	pe or print) Elizabeth M. Osbarne Month, Doy 3 Year 69	PM
at the state of th	S. DATE OF BIRTH TO AGE (in years in under its and in under	24 HRS
S Fig.	male W 4-29-80 88 YRS.	MIN
· · · · · · · · · · · · · · · · · · ·	RTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
4 3 5 V	Weland U.S.a WIDOWED DIVORCED Balx: more	Md
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cuted w Smplete ve carb event,	SUAL RES DENCE (Where deceased livery if institution Residence before sion) STATE 130. COUNTY EATHER) 131. COUNTY EATHER) 132. COUNTY EATHER) 134. COUNTY EATHER) 136. STREET AND NUMBER Tamworth Rd. 137. COUNTY EATHER) 137. COUNTY EATHER)	n.
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con and control of any any and in any	THERS NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Cost	
ag an ar indirection	NAS DECEASED EVER IN J.S. ARMED FORCES? 1003. SOCIAL SECURITY NO. 177. INFORMANT Address	<u> </u>
physician. physician physician and signed by the attending physician and burial-transit permit. Then please ren burial, crematian, ar remayal, and in an	NAS DECEASED EVER IN L.S. ARMED FORCES? S, no, or unknown) In the give wor or dates of service) 215-03-969-D T. J. GROGAN 929 N. HOWARD ST	
equires that the death certifi physician. signed by the attending phy bural-transit permit Then burial, crematian, ar remava	APPROXIMATE INTER	VA.
f di f	PART I, DEATH WAS CAUSED BY.	Z N
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the of th	Conditions, if ony, which gove }	
that same same same same same same same same	rise to immediate couse (a), (D) DUE TO, OR AS A CONSEQUENCE OF	
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ling reen r to		
e la tend tend as pria	90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	G
T to de Set Y	TE NO G	
dal a fication Here	TOR CONTRIBUTING TO CAUSE OF OFATH HOUR A.M. Month Day Year	
PHYSICIAN: e haspital an his certificale stached far u Dept. af Heal	If either, notify medical examiner) P.M. 19	Stote
e ho	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No. City of Town County through of work	HOTO
NG Y th e de ate	20-1	re) last
NDI ND Sid b Nd b Nd b Nd b Nd b Nd b	saw the deceased glive an	om the
OR ATTENDING be retained by it NRECTOR: After i e 3 shauld be ded with the State		
R A REC 3 sell with	AllENDING COMED. C SIAH CI / 2 / CI	
y be gge filed filed		
ma ma l	12d, PHYSICIANS NAME (Type) J. DAVID NAGEL 22e. ADDRESS 12 NOCKING BIRD. LANE.	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending or FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to	BURIAL CREMATION, 23b. DATE 23t. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote	3)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	REMOVAL (Specify) 1/6/69 PEW CATHEDRAL PARTITIONE MD.	
VRAISE	UNERAL DIRECTOR ADDRESS 250, REC'D BY REGISTRAR 250 REGISTRAR S SIGNATURE	
30M REV 7 68)	W. MEARS & SON 805 N. CALVERT STANT 1968 Formula Jung	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 00513 30517 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 20 DATE OF DEATH 2b. HOUR eath (Type or print) HELEN requires that the death certificate be executed within 24 haurs after death Month Yeor OSTROWSKI HELENA 5:30 C. M JAN 4 RACE F JINDER I YEAR TE LINGER 24 HRS 3. SEX S DATE OF BURTH 6. AGE (In years lost birthdoy) MONTHS HOURS 1892 WHITE OCT. 9 FEMALE YRS 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 8 MARRIED [NEVER MARRIED] country) POLAND BALTO. U.S.A. WIDOWED 3 DIVORCED | filled 120 USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) 2 1 2 3 4 12b KIND OF BUSINESS OR during most of working life, even if retired } **INDUSTRY** BALTIMORE 1103 DEANWOOD RD. HOUSEWIFE HOME 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 113c CITY OR TOWN 13e STREET AND NUMBER odmission) STATE 13b. COUNTY MD YES NO BALTO . 1902 CITY FLEET burial, crematian, ar remaval, and in any 14 FATHER'S NAME First Middle 15 MOTHER'S MAIDEN NAME First Middle Lost physician and FATYGOWSKI UNKNOWN UNK. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address [(If yes give war or dates of service) Yes, no, or unknown) DEANWOOD RD. 2123 213-05-2340D C. MITCHELL 1103 APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I DEATH WAS CAUSED BY
IMMEDIATE CAUSE (o) GETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital ar attending physician stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) D FUNIRAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar tall 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? CAUSES OF DEATH? YES 🖂 NO F 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH
(If either, notify medical examiner) HOUR A.M. Month Doy Year P.M. 21d INJRY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY Stote City or Town County While Not while at work 22a. I certify that (I) (this hospital) ottended the deceased from 1945, 1964, to 25, 1969, that (I) (we) lost saw the deceased alive an 24 1969 and that in (my) (our) apinian death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the bady after death 22b SIGNATURE 22c DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF PHYS DEGREE PHYS 22e ADDRESS 22d. PHYSICIAN S almisano, M. D. NAME (Type) 6608 Loch Raven 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE ((county) (Stote) 23o BURIAL, CREMATION, REMOVAL (Specify) BALTIMORS HOLY ROSARY COM C.o. MGICRAR 96 B2Sb **ADDRESS** FUNERAL DIRECTOR EASTERN 2001 HALKOWSK DATE



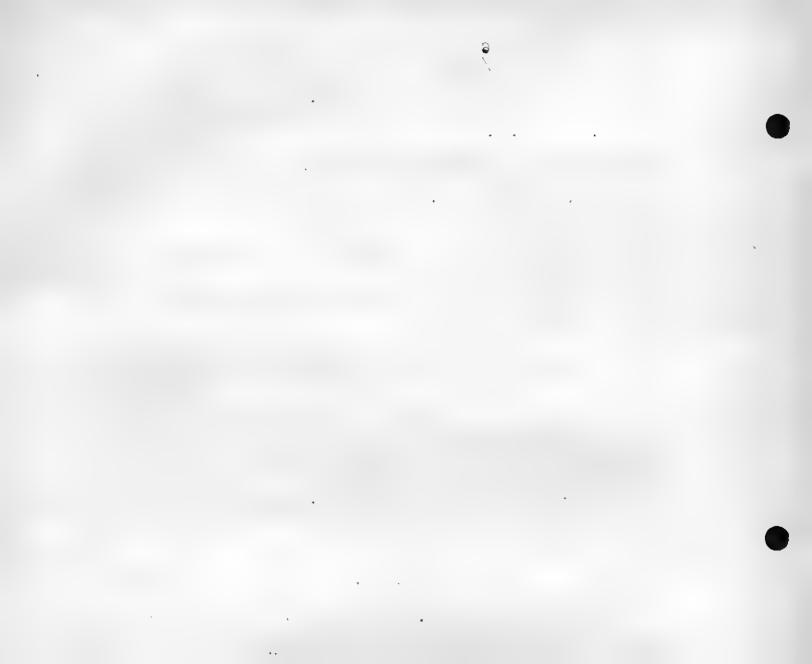
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00514 20518 CERTIFICATE OF DEATH DECEASED NAME First Middle Inst 2g. DATE OF DEATH 2b. HOUR (Type or print) Month Helen T Otten January 3 SEX 4 RACE S DATE OF BIRTH TE LINDER YEAR 6. AGE (In veors last birthdoy) HOURS White Female. 6-14-93 **) FUNERAL DIRECTOR:** After this certificate has been signed by the ottending the sicon and completely filled in by director, page 3 should be detoched for use os the burial-tronsit permit. Then please remove corban papers. Poshould be filed with the State Dept. af Health prior to burial, cremation, or removal, and in any event, within 72 hours. executed within 24 hours 70 BIRTHPLACE (Stote or foreign 76. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED NEVER MARRIED country) U.S.A. DIVORCED [Baltimore WIDOWED THE Maryland 10 CITY OR YOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR g ve street oddress) during most of wark so life, even if retired) Towson St. Joseph mospital 130. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 3d INSIDE CITY LIMETS? 13e STREET AND NUMBER odmission) STATE Maryland 13b COUNTY YES 1927 East 32nd St .- 21218 NO 🗌 Baltimore 14 FATHERS NAME IS. MOTHER'S MAIDEN NAME First Middle **E**Q Lewin Tugwell Ellen Wilson di. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no. or unknown) I I I was give wor or dotas of service) 218-26-8620 Mrs Katherine Haller 1536 Sherwood Ave 18 CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c))
PART I DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a)
Terminal BETWEEN ONSET AND DEATH Terminal carcinomatosis DUE TO, OR AS A CONSEQUENCE OF Candit ans, if any, which gave) Carcinoma of the sigmoid rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couses PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) TO FUNERAL DIRECTOR: After this certificate has been 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES T NO IT 216. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CALSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at wark 22a | certify that x) (this haspital) attended the deceased from 3-4-, 1969, to 1-25-, 1969, that (I) (we) lost saw the deceased alive an 25-09 km , and that in (my) (aur) apinian death accurred an the date and haur and from the be retained causes stated abave. (1) (we) (did) (did not) view the bady after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING 1 1-26-69 DEGREE PHYS DIRECTOR PHYS 22d. PHYSICIAN'S NAME (Type) 22e ADDRESS 7620 York Rd., Towson, Md. 21204 Christine Feliciano, M.D. 23c NAME OF CEMETERY OR CREMATORY 23b DATE 23d LOCATION (City or Town) 23a BUR AL, CREMATION, (Caunty) REMOVAL (Specify) Woodlawn Baltimore Maryland 1/29/69 24 FUNERAL DIRECTOR ADDRESS Leonard J Ruck Inc. Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH



	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND	21201	
П	CERTIFICATE OF DEATH	00515	
	DECEASED NAME First G Middle Last 20. DATE OF DEATH	3.1	OLIR
	(Type or print) Emma Matherine Heise Parkinson Janua	ary 7, 1969	M CF
3 !	SEX 4. RACE S. DATE OF BIRTH lost birt lost birt 99	In years IF UNDER 1 YEAR IF CHIDER 1	24 HRS.
		YRS MONTHS DATE TO BE	pensy
	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH unity)		
	Md. U.S. WIDOWED DIVORCED Baltimore		Md.
	Catonsville II NAME OF HOSPITAL OR INSTITUTION (If not in hospital Catonsville SPRING GROVE STATE HOSP. 120 USUAL OCCUPATION (Kind of v during most of working life, even housewife	work done if retired.) 126 KIND OF BUSINESS INDUSTRY OWN home	OR
	Catonsville Output O		
	TATE (onizen		
	FATHER'S NAME First Middle Last IS. MOTHER'S MA DEN NAME First	thgate Avenue	
*		middle (03)	
16	g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b, SOCIAL SECURITY NO. 17 INFORMANT	Address	
	Yes, no, or unknown) (II yes give wer or dates of service) 219-54-326481 Records: SPRING GROVE STA	ATE HOSPITAL	
-	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	E APPROXIMATE INTERV	AL
	PART I. DEATH WAS CAUSED BY	BETWEEN ONSET AND DE	EATH
	DUE TO, OR AS A CONSEQUENCE OF		
	Conditions if any which nave t		
L	rise to immediate cause (o), station the underlying cause DUE TO, OR AS A CONSEQUENCE OF		
	stating the underlying cause DUE TO, OK AS A CONSEQUENCE OF		
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART	1(0)	
2	Decubitus ulcers - Azotemia		
ATTO	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206 IF YES, WERE	E FINDINGS CONSIDERED IN CERTIFYING	ż
CERTIFICATION	YES NO TO CAUSES OF DEATH		
		1 or Port 2, Item 18.)	
MEDICAL	Governmental Cause of Death HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M.		
1738.	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town While Not while	County Si	tote
	at wark at wark		
	22a. I certify that (9) (this hospital) attended the deceased from Fab. 1, 19 57, to Jan saw the deceased alive an Jan. 7 1999, and that in (my) (48) apinion death accurred	1. 7, 19 69 , that (I) (x	e) last
	causes stated above, (1) (36) (did) (33336) view the bady after death.	on the date and haur and tro	m the
	22h S.GNAT.IRF	22c. DATE SIGNED	
	STOME L. Graveliste M.D. DEGREE PHYS. DIRECTOR DIRECTOR DIRECTOR DIRECTOR	□ 1-7-69	
	22d PHYSICIAN'S 220. ADDRESS SPRING GROVE SI		
	NAME(Type) Diomidis Pirovolidis, M.D. Baltimore, Mary	yland 21228	
23	BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or	Tawn) (County) (State))
	burial (Specify) Jan 9 1969 St. Annes Cemetery Annapolis	s, Maryland	
	I. FÜNERAL DIRECTOR 25d. REC'D BY REGISTRAR 25b.	REGISTRAR'S SIGNATURE	
C	all Fitheral Home 1210 West St Anna Midwell Q 1969 &		

MAKTLAND STATE DEPAKTMENT OF HEALTH



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in 2 fillec pos hin	10. 1	ITY OR TOWN OF DEATH	11 NAME O	DE HOSPITAL OR INSTITU	UTION (f not in hasp		OCCJPATION (Kind of work done	126 KIND OF BUSINESS OR
within tely fille rban pa		Catonsville	give street SPRTN	NG GROVE 9	STATE HO	ISP Iduring most	of working ife, even if retired.)	INDUSTRY
executed of compile of	13a odm	USUA, RESIDENCE (Where deceased	l yéd, if institution R JJ3b COUNTY	Res dence before 13	c CITY OR TOWN	138 INSIDE CITY EMITS	THE PROPERTY AND MONDER	
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	1".	FATHER'S NAME First	Middle	Lost	15. MOTHER	S MAIDEN NAME First	Middle	Lost
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ficat for Hec		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OEATH	HOUR A.M. Mo	JRY onth Day Year	21c. HOW INJURY	f OCCURRED (Enter no	sture of injury in Port 1 or Port 2,	Item 18)
t. of	MEDICAL	(If either, notify medical examiner 21d. INJURY OCCURRED 21e. Pl		ME, FARM, STREET, FACTORY	1) 216 LOCATION	Street or DED No	City or Town	County State
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ne d tate		22a. I certify that (15) (this	haspital) attende	d the deceased.	from De	c. 20 ₁₉ 68	to Jan. 14 19	69 that 1) (we) last
de S		22a. I certify that (%) (this saw the deceased alive causes stated abave,	e on Jan	16	9 , and that in	ı (my) (🌃) apinıa	in death accurred on the do	ite and hour and from the
Shart in the		22b. SIGNATURE	(1) twentant (ald I	nai) view ine bad	ny arrer death.		22,	DATE SIGNED
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AL C		22d PHYS CIAN S NAME (Type) Diomic	dis Pirovo	Jain M	D 22e.	ADDRESS SPRI	G GROVE STATE	HOSPITAL
Page 4 may D FUNERAL I director, pages Spoud be file							more, Maryland	21228
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Ta fin	3. \$	Х	4. RACE			S DATE OF BIRTH		6. AGE (In years		F LNDER 24 HRS
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he death cer e attending p permit. The		IB. CAUSE OF DEATH (Enter and	y one cause per line fo	or (a) , (b) , and (c) .)						YE INTERVAL ET AND DEATH
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L OR ATTENDING PHYSICIAN: be retained by the haspital ar DIRECTOR: After this certificate ge 3 should be detached far uiled with the State Dept. af Health	~	21d. INJURY OCCURRED 21e. While Not while	PLACE OF INJURY (AT	HOME, EAKM, SIRREI, EAL ICE BUILDING, ETC	10ki,) 21t. LOC	ATION Street or R.F.	D Na.	City or Town	County	State
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No.	1	22a. I certify that (I) (the saw the deceased al	s haspital) attend	led the decease	ed_fram	_1/6	19.69	to1/6, 19	<u>69</u> , that	(I) (we) last
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OR Solding the state of the sta		causes stated above	, (1) (we) (aid) (di	a nat) view the i	bady atter d	eatn.				
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A di di di di di di di di di di di di di		22d. PHYSICIAN'S				22a. ADDRESS				
ER and de de de de de de de de de de de de de	1	NAME (Type) Charl	es C. Bro	wn M.D.		6701	N. Cha	rles Street		
D HOSPITAL OR ATTENDING PHYSICI. Page 4 may be retained by the haspite FUNERAL DIRECTOR: After this certifi director, page 3 shauld be detached ishauld be filed with the State Dept. of	230	BURIAL, (REMATION 236. D	ATE	23c NAME OF	CEMETERY OR	REMATORY	23d.	LOCATION (City or Town)	(County)	(Stote)
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٠	I. D	ECEASED-NAME First	Middle	Last		DATE OF DEATH	25 HOUR		
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	3. \$	ALE	4 RACE WHITE	S. DATE OF 12/1	BIRTH .0/17	6. AGE (in years	IF JINDER I YEAR IF LINDER 24 HRS. MONTHS DAYS HOURS MIN		
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pHYS the hos this ce detache e Dept.	W	While Nat while of wark of work		FACTORY) 21f LOCATION Str	· 0	City or Town	County State		
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician. D FUNERAL DIRECTOR: After this certificate has been signed by director page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, creating the state Dept.		22a. I certify that (t) (this saw the deceased ali causes stated abave,	s haspital) attended the decedive an 1/16/69 \$() (we) (did) (\$1876) view th	ased fram 1/8/C 19, and that in A ne bady after death.	왕 (aur) apınian c	to <u>1/16/69</u> , 1 leath accurred an the c	9, that (IX(we) last date and haur and from the		
OR A) OR A) DIRECT Series OR A)		22b. SIGNATURE	Juman	DEGREE PHYS	DIRECTOR	C STAFF C	DATE SIGNED 1/16/69		
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Poge To Hunder of Should be should b		2 Table 2 Table 1 Table 1 Table 2 Tabl	-17/69 FO	OF CEMETERY OR CREMATORY RREST HILLS (CEMETERY	READING, P			
VR A15 (4) 45M 1/69	24	FUNERAL DIRECTOR	ZANN IN	S FUNERAL HO.	25a. RECD BY REGIS	RAR DEGSb. RECKIRAL	a test Judge		



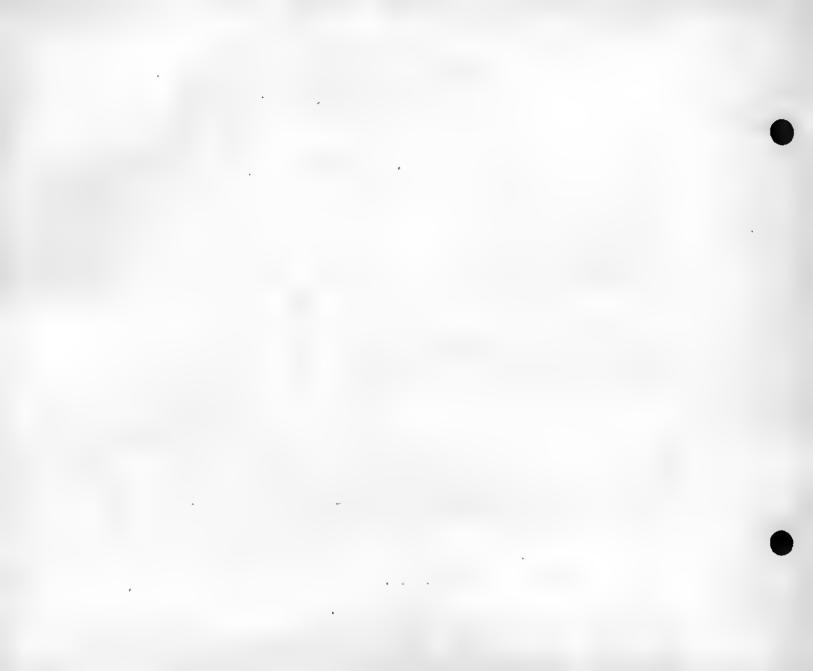
И	MARTLAND STATE DEPARTMENT OF HEALTH
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
1	19523 CERTIFICATE OF DEATH
. 2.	1. DECEASED-NAME FUST . Middle / Lost 20. DATE OF DEATH 2b. HOUR
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s after the f	2+1)ectubur 888 80 YRS
	70 BIRTHPLACE (State or foreign 7b. (ITIZEN OF WHAT COUNTRY) 8 MARRIED NEVER MARR ED 9. COUNTY OF DEATH
n 24 hours after death	phoening hed widowed DIVORCED DIVORCED Md.
filled filled filled filled	10 CITY OR LOWIN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital Occupation (Kind of work done 126 KIND OF BUSINESS OR
	White Rall give street address of forly look during most of forting the, even it retired) IND. STER well
ed with pletely carbon ent, wit	130. USUAL RESIDENCE (Where deceaged lived, if institution Residence before 13c CITY OR TOWN) 13a INSIDE CITY LIMITS? 13e. STREET AND AUMBER
ecuted wit completely ove carbor y event, w	admission) STATE ned 13b. COUNTY Galte Glute Had YES NO DO O'CE GOLERED
ny ec	14. FATHER'S NAME / First Middle Lost / 15 MOTHER'S MAIDEN, NAME First Middle Lost
and and in an	Horatre Seemon Kiersol Esta Hord
from leose ond i	160. WAS DECEASED EVER IN U.S. ARMED PORCES? 166 SOCIAL SECURITY NO 17 INFORMANT
physician physician nen pleos ioval, onc	Yes, no, of nknown) (If yes give war or dates of service) 215-40-1040 Jaughtu - Helen Schul
he deoth terrify to attending physical permit. Then p	APPROXIMATE INTERVAL
ding .	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:
deo hen hen hen hen hen hen hen hen hen hen	IMMEDIATE CAUSE (o)
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the the usity	conditions, if any, which gove (b) Orkers of allestee Condic Carculas Chicago 6 95
dh. For ter	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
res sici	last. (c)
requires that the physician. signed by the buriol-transit is buriol, cremati	PART 2 OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o)
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endiav beat so t	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
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N: or or eoli	
BE 결심으로	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 19
osp cert hed hed	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County Stote
G PHYSIC the hospil this certi detached ie Dept. of	
5 = 1 = 3 = 3	19 f cartify that (1) (this baseutal) attended the decorate from 19 ff to (444) 10 Gg that (1) (wa) last
Affe Store	saw the deceased glive on the deceased flow and that in (my) (our) opinion death occurred on the date and hour and from the
the designation of the second	22a. I certify that (I) (this haspital) attended the deceased from, 1949, to, 1969, that (I) (we) lost saw the deceased alive on, and that in (my) (our) opinion death occurred an the date and have and from the courses stated above, (I) (we) (did) (did not) view the body after death.
A S S S S S S S S S S S S S S S S S S S	22b SIGNATURE 22c, DATE SIGNED
OR OR F S S S S S S S	DEGREE PHYS DIRECTOR
A P P P P P P P P P P P P P P P P P P P	22d PHYSICIAN'S NAME (Type) WALTER T. KEES 22e ADDRESS Choop Swille Such
ERA ERA John F	NAME (Type) WALTER T. BEES Cockey Swelle Such
D HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death fertifier to be executed variety be retained by the hospital or aftending physician. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete director, page 3 should be detached for use as the buriol-transit permit. Then please remove carb should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event,	230. BURIAL CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death Page 4 may be retained by the hospital or otherding physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attendin director, page 3 should be detached for use as the buriol-transif permit. Should be filed with the State Dept. of Health prior to buriol, cremation, or re	REMOVER SERVEY 1-24-1969 Fairview United Methodist Church, Cockeysville, Md.
VRAISHING	24. FUNERAL DIRECTOR . ADDRESS . 250. REC'D BY REGISTRAR . 256. REGISTRAR'S SIGNATURE William Cook—Brooks Towson 1050 years and all of the cook and a second secon
30M REV. 18	Wm. Cook-Brooks Towson 1050 york Rd 21204 DAN 23 1969
V	THE KU YEAR



- 4				D SIMIE DEFARIMENT		
		00524		CERTIFICATE OF DEA	, BALTIMORE, MARYLAND 21201	13520
. (M .)	1. DE	CEASED-NAME		Pobletts	2a. Date of Death	2b HOUR
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omplete ve corb event,	13a admi	USUAL RESIDENCE (Where deceased ssion) STATE NICL.		13c, CITY OR TOWN 36. IN YES	SPECTIVIMITY 130 STREET AND NUMBER TO NOTE Marriottsvi	le Rd.
and con remo	14 F	ATHERS NAME First Charles B	Middle Last OWERS	IS. MOTHER'S MAIDEN Bessie		losi
ysicion pleose al, ond	16a. Y	WAS DECEASED EVER IN U.S. ARMED	or forces? ar dates of service) 16b. SOCIAL SECURITY 1 2/5-32- Linkmown	10. 17. INFORMANT 71.55 Fospit 1 Ch	Address	ty Jen.
Page 4 may be retained by the hospital ar ottending physician. 10 FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely fulled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers regions affector, page 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours affector.	MEDICAL CERTIFICATION	PART I DEATH WAS CAUSED IMMEDIATE Gonditions, if any, which gove rise to immediate cause (o), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT COND 19a DATE OF OPERATION 19b CC 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examine)	DUE TO, OR AS CONSCOUENCE OF (b) DUE TO, OR AS CONSCOUENCE OF (c) DITIONS CONTRIBUTING TO DEATH BUT NO DINDITION FOR WHICH OPERATION WAS PE 21b. TIME OF INJURY HOUR A.M. Month Doy Year P.M.	or ste lud The Primer OF RELATED TO THE TERMINAL D SE REFORMED 200. AUTOPSY? YES 21c. HOW INJURY OCCURRENT 201.	NO CAUSES OF DEATH? D (Enter-nature of injury in Part 1 or Part 2,	Item 18.)
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VR ARAM	B ₁	BURIA_ CREMATION, REMOVAL (Specify) Irial Jar FJNERAL DIRECTOR	1. 29, 1969 Mt. ADDRESS		23d LOCATION (City or Town) Randall stown M REC'D BY REGISTRAR 25b REGISTRAR TELLAN 2 0 1989 CCLU	(County) (State) aryland 5 5 GNATURE
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MAKTLAND STATE DEPARTMENT OF HEALTH



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× 10]	TY OR TOWN OF DEATH B FORT HOWARD	9	NAME OF HOSP TAL OR INS	OSPIT	AL	120 USUAL during most LABC	OCCUPATION (Kind t of work ng life, ex DRER	at work done ven if retired)	12b KIND OF INDUSTRY GARAG	BUSINESS OR
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should be filled with the Stote Dept. of Health prior to bur al, cremotion, or removal, and in any event, within /2 hours		18 CAUSE OF DEATH (Enter only PART 1 DEATH WAS CAUSED	BY TE CAUSE (a) _ DUE TO, (b) _ DUE TO, (c) _ OTHER TO, (c) _ DITIONS CONTR	CEREBRAL VA OR AS A CONSEQUENCE OF OR AS A CONSEQUENCE OF DEBUTING TO DEATH BUT NO	SCU LA	TO THE TERM NA. (DISEASE OR CON	IDITION G VEN IN PA	ART 1(a)	STWITH O	MATE INTERVAL MSET AND DEATH
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2:	30	BUR AL CREMATION, 236 C	ATE -6-6	9 23c NAME OF C	ORE 1	ATIONAL	ŀ	23d LOCATION (C ty BALT IMOR		(County)	(State)
4) 2	24	UNERAL DIRECTOR	Laws	LAW FUNE	RAL H	OAE 2	So RECD BY F	registrar 1969	REGISTRARS	5 GNATURE	



		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE			36523
HEALTH DEPT.	1. D	ECEASED-NAME First Middle Lost 20 DATE KNOWNDO Month	Doy Year 2b HOUR
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E W		18 CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c))	APPROXIMATE INTERVA.
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INER e cel shau files 3 sha atian	MEDICAL	CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No (ity or Town)	County State
EXAMINER: ute the cert age 4 shauk yaur files. Page 3 shou I, crematian,		WHILE AT WHILE AT WORK AT WORK AT WORK	7101s
		220. I certify that I took charge of the remains described above, held on Autopsy , Inspection X, Inquiry X,	ond in my opinian
		death resulted from. Natural causes , Accident , Suicide , Hamicide , Undetermined monner	
please e directar retained DIRECTO		CHIEF MEDICAL EXAMINER	-
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	24.	FUNERAL DIRECTOR ADDRESS 250 REGISTRAR 5 SIG	GNATURE
VR A15ME (5)	0.0	ohn J. Duda 7922 Wise Ave. Balt. 21222, Md. DATE JAN 14 1969	

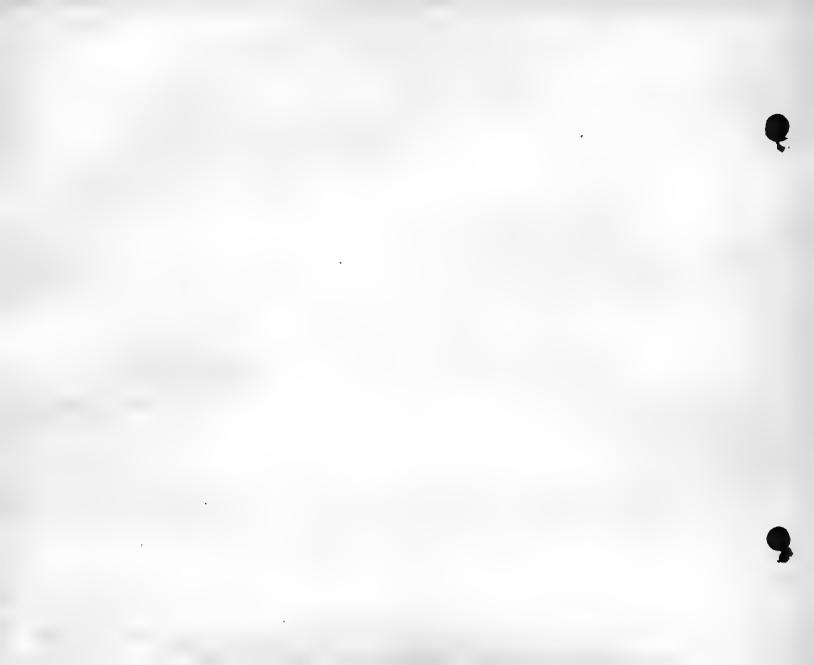
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<i>i</i>		2000	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREE	T, BALTIMOR	E, MARYLAND 21201	2000	
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hos is ce och ept.		21d. INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME, FARM, STREET FA	(TORY) 21f. LOCATION Street or	r R.F.D. No.	City or Town	County	Stote
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OR ATTEND be retoined DIRECTOR: A ge 3 should led with the S		22b. SIGNATURE		ATTENDING		220	. DATE SIGNED	
DIR ed 7		A	falas	DEGREE PHYS	DIRECTO	R L PHYS L 5	14/69	
AL AL Poor	Н	22d PHYSICIAN'S NAME (Type) Dr. A	Indrea Calas	22e. ADDRESS 6411	S Frederi	.ck Ave., Balt	o Md	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed y Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and complete director, page 3 should be detached for use as the buriol-transit permit. Then please remove contained by filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event,								IF ?
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5 5		BURTAT: 1-	-/-1969 Mt. U	livet Cemetery	o REC'D BY REGI	altimore, Mary	S SIGNATURE	
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	L		,		<u> </u>	1303	00	

MAKTLAND STATE DEPAKTMENT OF HEALTH



1 (2/	1	0052)	DIVISION OF VITAL RECORDS,	O JIMIE DEPAKTIME			
		00000		ERTIFICATE OF D		, MARILAND ZIZOI	00525
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	3 5	MALE	4. RACE NEGRO	S. DATE OF BIRT		6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
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MAKTLAND STATE DEPARTMENT OF HEALTH



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	230.	BURIAL, CREMATION, 23b.	A10/69 SOUTH	CEMETERY OR CREMATORY BOROUGH RURAL	23d LOCATION (C ty or Town) SOUTHBOROUC	(County) (State)
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MARYLAND STATE DEPARTMENT OF HEALTH



		1	MARTIAND STATE DEPARTMENT OF HEALTH
-2			DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
1			00528 CERTIFICATE OF DEATH
	thin 24 hours after death. y filled in by the funeral an papers. Pages I and 2 within 12 has after death.		DECEASED-NAME (Type or print) Clicquitta E. Phoinhold 20. DATE OF DEATH Month Day Year 12-18
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_	MARYLAND STATE DEPARTMENT OF HEALTH	
	00533 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
4	CERTIFICATE OF DEATH	0529
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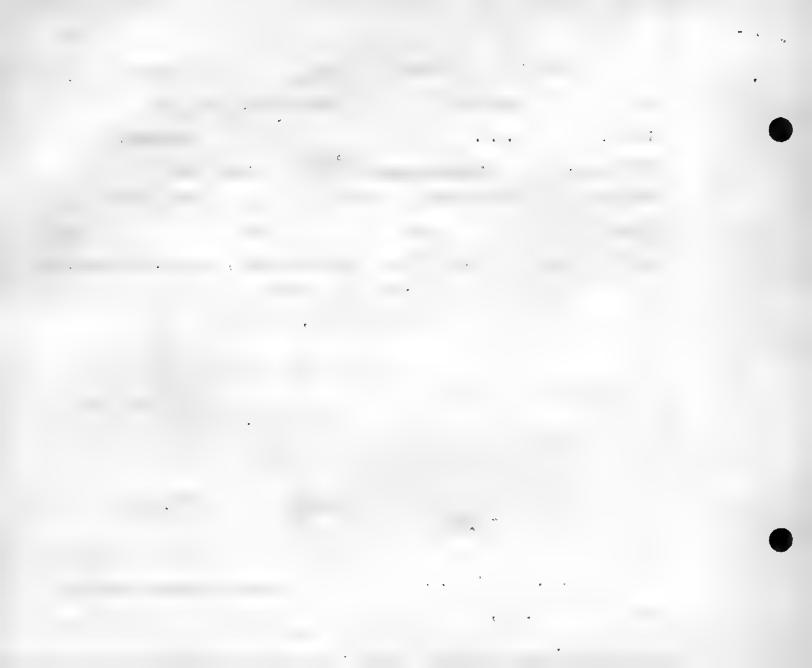
MARYLAND STATE DEPARTMENT OF HEALTH





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 20530 90532 CERTIFICATE OF DEATH 1 DECEASED-NAME Exest Middle Last 2n DATE OF DEATH 2b HOUR ond 2 within 24 hours after, death funeral (Type or print) CHARLES EDWARD RHISS hoursefter 3. SEX A RACE 5 DATE OF BIRTH 6 AGE (In years SE UNOFR I YEAR in by the fu DAYS last birthday) монгиз 1 HOURS MALE CAUCASTAN FEBRUARY 15. 1915 YRS 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH papers/ MARYLAND W DOWED D VORCED al, cremation, or removal, and any event, within 72 U.S.A. BALTIMORE 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 GTY OR TOWN OF DEATH 12a USLA: OCCUPAT ON (Kind of work done 126 KIND OF BUSINESS OR rbon in give street address) HOSPITAL during most of warking I fe, even if retired) FORT HOWARD VETERANS ADMINISTRATION PAPER HANGER 13a USUA, RES-DENCE (Where deceased I ved, if institution Residence before 13e STREET AND NUMBER 13d. HISIDE CITY LIMITS? requires that the death certificate be executed MARYLAND ANNE ARUNDEL YES [NO [HANOVER TIMBER RIDGE 4 FATHER'S NAME First Middle Last 15 MOTHERS MA DEN NAME First Middle Last CASPER RIES LULA BRADY 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) [(If yes give war or dates of service) 07 6312 CLINICAL RECORDS, VA HOSP, FT HOWARD. 18. CAUSE OF DEATH (Enter only one couse per fine for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) BRONCHOPNEUMONIA, BILATERAL DUE TO, OR AS A COPULMONARY FIBROSIS, BILATERAL signed by the burial-transit p Conditions, if any, which gave a rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause bur PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE OR CONDITION GIVEN IN PART 1(a) VERAL DIRECTOR: After this certificate hos been tor, page 3 should be detached for use as the d be filed with the State Dept. of Heolth prior to ADRENAL INSUFFICIENCY 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING NO KK CAUSES OF DEATH? YES [ATTENDING PHYSICIAN: 21g ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTR BUTHNS CAUSE OF DEATH HOUR AM. Month Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while C TO FUNERAL DIRECTOR: After 22a. I certify that (!) (this haspital) attended the deceased from 12/19/68, 19, ta 1/10/69 19, that (#) last saw the deceased alive an 1/10/69 19, and that in (%) (aur) apinion death occurred on the date and hour and from the retoined couses stated above, (K (we) (d d) RDD(d) view the bady after death 22b. S GNATURE 22c DATE SIGNED 1/10/69 DEGREE DIRECTOR PHYS 220 PHYSICIAN'S 22e. ADDRESS J. D. TALBERT, M.D. NAME (Type) VA HOSPITAL. FT HOWARD, MARYLAND 23d LOCATION (City or Town)

Baltimore, Maryland 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION 13,1969 Burgviles Lecty) Baltimore National Burnie Md DATE DATE



_	1	MARYLAND STATE DEPARTMENT OF HEALTH 0.053
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Angeles and a		CERTIFICATE OF DEATH
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e h alth	EE	YES NO CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (Enter nature of injury in Port) or Port 2 Hem 18.)
fical of Her	돌	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year
SSpiraspiraspiraspiraspiraspiraspiraspiras	MED	[If either, notify medical examiner] P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f, EOCATION Street or R.F.D. No. (if yor Town) County State
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d b d b d b d b d b d b d b d b d b d b	L	220. I certify that (I) (this hospital) attended the deceased from 125, 1967, ta 1/27, 1968, that (I) (we) last saw the deceased alive on 1969, and that in (my) (our) apinion death accurred an the date and haur and from the
P L L L L L L L L L L L L L L L L L L L		causes stated abave, (1) (we) (did) (did not) view the bady after death.
With State of A		226 SIGNAPURE 220 GATE SIGNED STAFF 220 GATE SIGNED
be r berges		DEGREE PHYS DIRECTOR PHYS DIRECTOR PHYS DIRECTOR
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed director, page 3 should be detached for use as the burial-transit permit. Then please remove carban pshould be filed with the State Dept. af Health prior to burial, crematian, or remayal, and in any event, with		22d. PHYSICIAN'S NAME (Type) E. KASAIT'S, M.D. 22e ADDRESS (80/ Frederick Pd. 21228
HOS Be 4 FUN Functional	230	BUR AL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
5 5 5 E		BURYARe (1) 1-30-1969 Meadowridge Cemetery Howard County, Maryland
VR A15	24	FUNERAL DIRECTOR ADDRESS 250. REC D BY REGISTRAR 256 REG STRAR S SIGNATURE
45M - 1 / 40)	H	oward H. Hubbard, 4107 Wilkens Ave. 21229 DATE JAN 3 1 1989 Miller Just

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MARYLAND STATE DEPARTMENT OF HEALTH



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	AN Cat Ger				TME OF INJURY A.M. Month Doy Yea		INJUKY OCCURRED (tnter noture	of injury in Port 1 or Port 2, I	em 18)	
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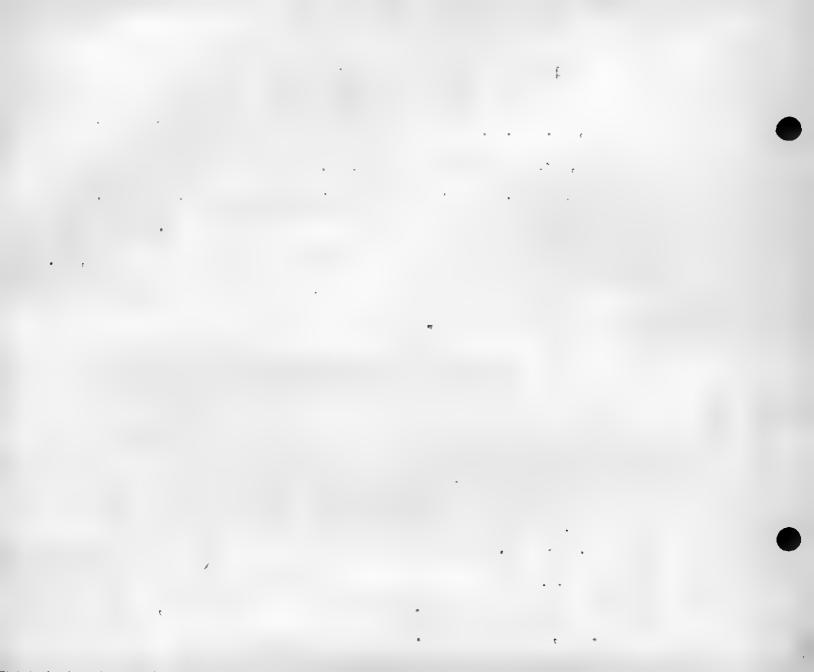
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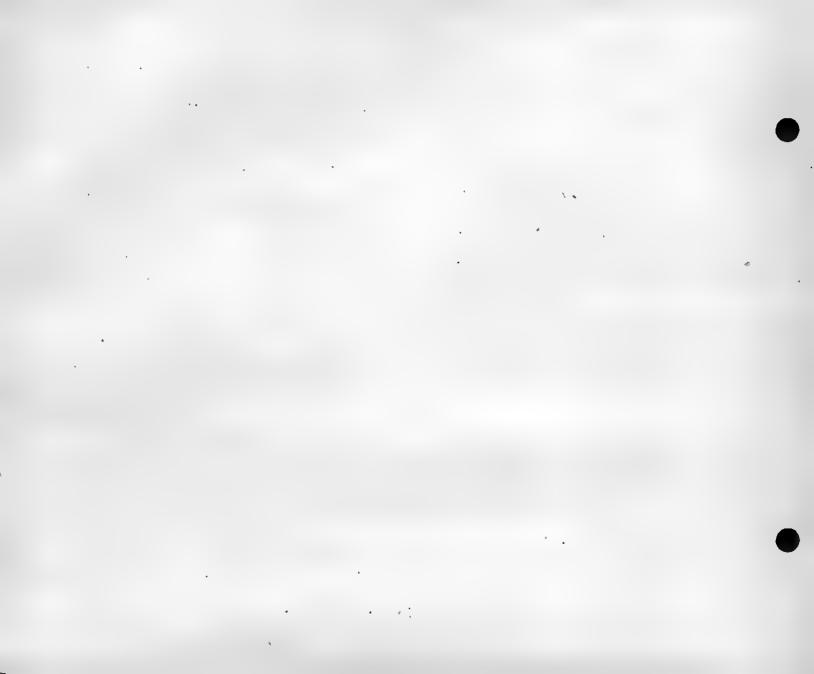
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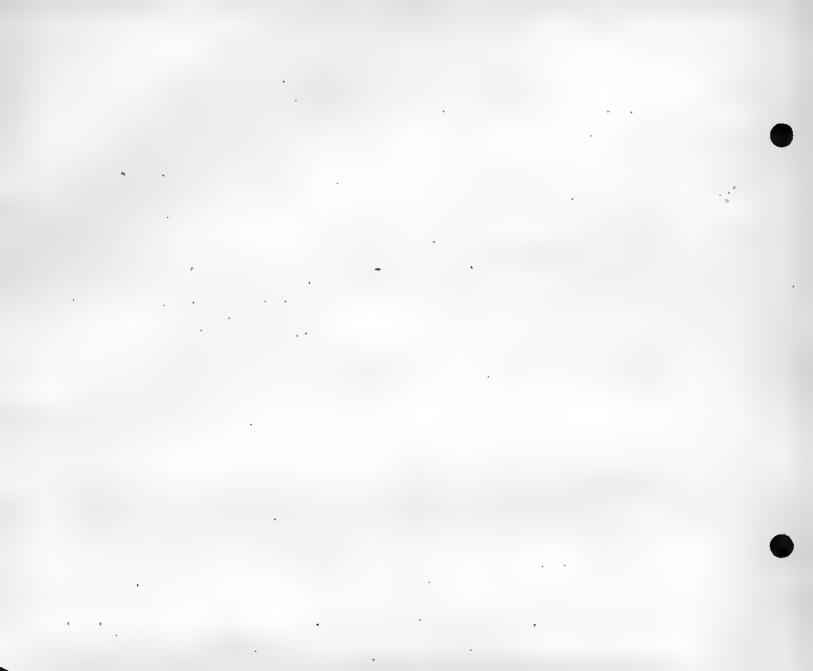
MAKTLAND STATE DEPARTMENT OF HEALTH



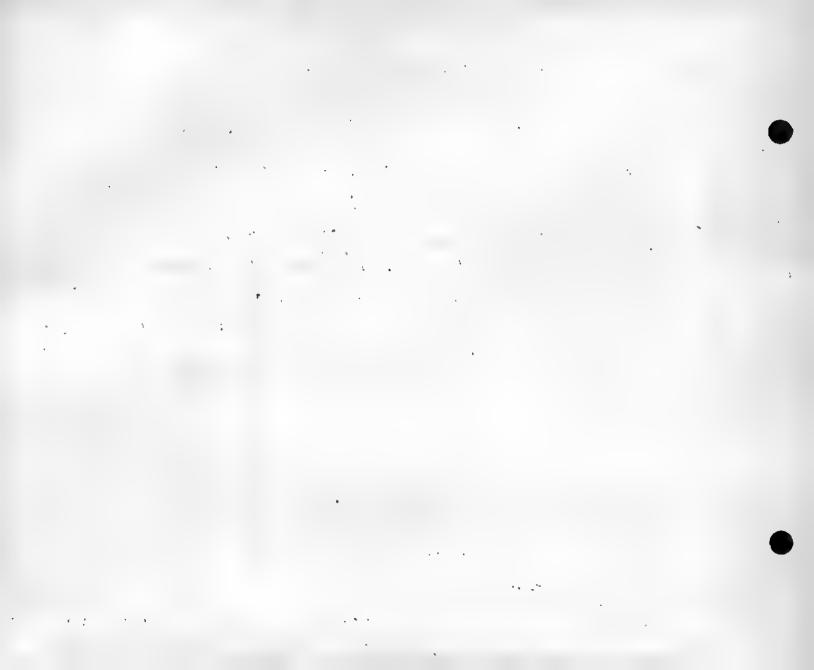
1	l i	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0537
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hin 24 nakin nakin nakin pages hours	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS	
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rAL COY	1	22d. PHYSICIAN'S	police of	22e. ADDR	556801 Wark	Kd
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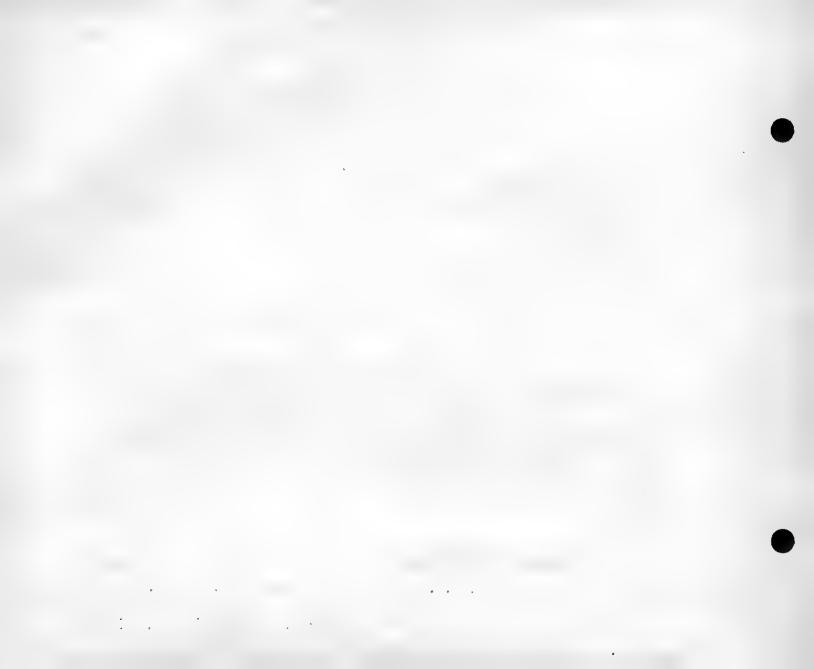




1 /	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1 DECEASED NAME First Middle Lost 2g DATE KNOWN Day Year 12h	HOUR
ond 3 to ond 3 to M3 Page	(Type or Print) John C Ruppel DEATH MATED [/271237/24969]	12 M
delay nd 3 i3 Pag	3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (In years IF JNDER 24 MES 2c DATE PRONOUNCED DEAD 20	HQJR -
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afte 1 Gi alan alan with	13d JSGAL RESIDENCE (Where deceased lived, if institution, Residence before) 13c GIY OR TOWN 13d. MISSING CITY (MISSING CITY (MI	
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thin 24 miner's pages hours	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
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please direction estains or to b	CHIEF MEDICAL EXAMINER	
AL I	SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAMINER 7275 DATE SIGNED	
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5 25 -	230 BURIA, (REMATION REMOVAL (Specify) Burial 23b DATE 23c NAME OF CEMETERY OR CREMATORY Parkwood 23d. LOCATION (Grty or Town) (County) (Stote) Baltimore, Maryland	
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OR ATTENDING PHYSICIAN: be retained by the hospital or DIRECTOR: After this certificate is 3 should be detached for Jed with the Stote Dept. of Heal		While Not while at work			TION Street or R.F.D No		,
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A September 1		22b SIGNATURE	- (-)				PATE SIGNED
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TO HOSPITAL OR Page 4 moy be rate functor, page 3 percent, page 3 percent, page 3 percent page 3	22.5		to Gokam, M.D.	CEMETERY OR CR			
Short direction	230	DEMOVAL (Carrie)			Cemetery	23d LOCATION (C ty or Town)	(County) (State)
Mish	24.	FUNERAL DIRECTOR	ADDRESS		2So REC'D BY		ty. Md.
VR A 69		C. F. EVANS	& SON 8802 Harf	ford Re	ad DATE TAN	114 1989 Polia	when Judge



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0054 00543 CERTIFICATE OF DEATH DECEASED-NAME Fish Middle Last 2g. DATE OF DEATH 2b HOUR signed by the ottending physici<mark>ga, and completely filled in by the funerol burial-fronsit permit. Then please remove corbon papers, Pages 1 and 2 burial, cremation, or removal, and in any event, within 12 hours after death</mark> executed within 24 hours after death (Type or print) ORA :40% IVA RUPPRECHT 69 3. SEX 4 RACE S. DATE OF BIRTH IF UNDER 1 YEAR F UNDER 24 HRS 6. AGE (In years MONTHS HOURS last birthday) FEMALE CAU 6-27-16 52 YRS 7b. CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED II. S.A. Baltimore WIDOWED [DIVORCED [BALTIMORE 10 CITY OR TOWN OF DEATH PICE. 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work dane 12b KIND OF BUSINESS OR during most of work no life, even if retired ? **INDUSTRY** BALTIMORE 21204 Housewife Own Home 13a. USDAL RESIDENCE (Where deceased lived, if institution, Residence before 13e STREET AND NUMBER admissian) STATE 13b. COUNTY NO F Md. Balto 02 Dixie Drive bwson 14 FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First M.ddle William requires that the death certificate_be Blum Elsie Willis 16b SOCIAL SECURITY NO 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no, or upknown) 212-01-1446 Robert H. Rupprecht (Same) APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN DISET AND DEATH PART I. DEATH WAS CAUSED BY: CALSED BY:
IMMEDIATE CAUSE (a) ACUTE RENAL FAILURE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) ACUTE YELLOW ATROPHY OF LIVER rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF Poge 4 may be retained by the haspital or ottending physicion. stoting the underlying cause INFECTION PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) ifter this certificate hos been be detached for use as the Stote Dept, of Health prior to 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO [YES X TO TUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Healt 21o ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 2)c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH Month Day Year HOUR A.M. (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Mat while at wark 69 that (I) (we) lost causes stated abave. (1) (we) (did) (did not) view the bady ofter death 22b. SIGNATURE 22c DATE SIGNED ATTENDING MED DIRECTOR STAFF PHYS 1-9-69 DEGREE PHYS 22e ADDRESS 22d. PHYSICIAN S NAME (Type) M.C. SHEPPARD.M.D. 6701 N CHARLES ST BALT, MD 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23a BURIAL CREMATION (County) REMOVAL (Specify) Baltimore. Baltimore National 256 FREGISTRAR'S STONATURE 250. RECD BY REGISTRAS 09 FUNERAL DIRECTOR Sons Co 30M REV DATE

MARYLAND STATE DEPARTMENT OF HEALTH



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A.C.		tem 23 & DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
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NG P y the y the ter thi		of work at work
TENDIN ined by OR: After auld be the Stat		22a. I certify that (I) (this haspital) attended the deceased from 4-6, 1966, to 1-12, 1969, that (I) (we) last saw the deceased give on 1969, and that in (my/(gur) appropriate from the
TEN ined DR: A suld the		saw the decessed give on1967, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated above. (1) (we) (did) (did nat) view the bady after death.
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or be red we led w		DEGREE PHYS DIRECTOR 1 PHYS 1 1-12-69
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G PHYSIC the hospit this certi detached	MEDICAL	(If either, natify medical examiner) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INI-JRY (AT HOME, FARM, STREEF, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State of work at work 19
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TO HOSPITAL OR ATTEN Poge 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with the		220 SIGNATURE DEGREE PHYS DIRECTOR DI
O HOSPITAL OR Poge 4 may be 1 O FUNERAL DIRE director, poge 3 should be filed v		NAME (TYPE) () NO LAN Battumoro Md 2/229
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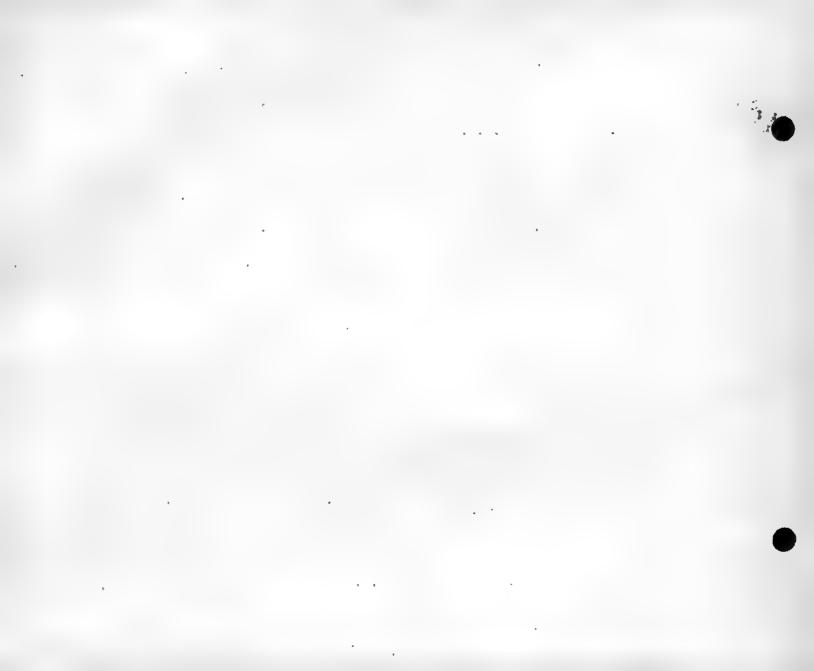


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MAKTLAND STATE DEPARTMENT OF HEALTH



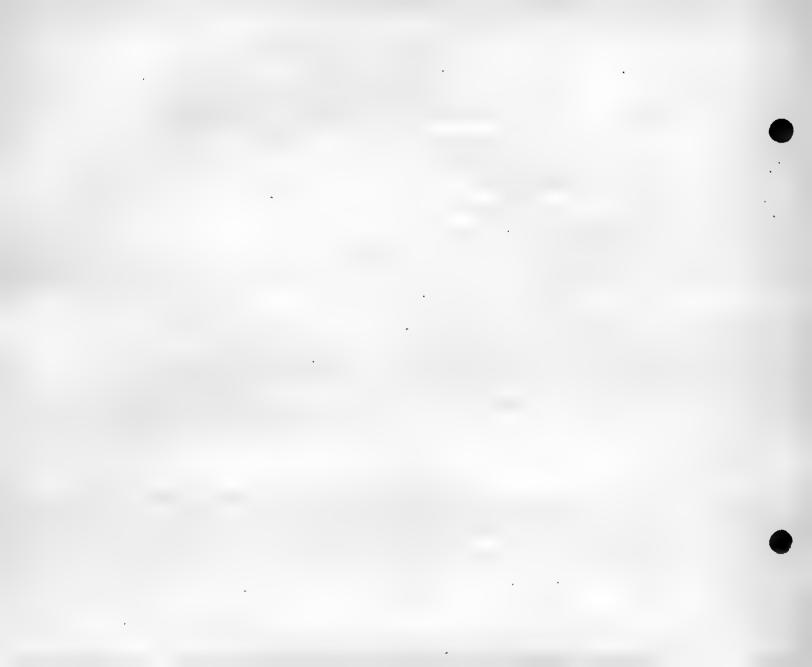
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death		Print HERMA		SCHER	January Month 29	1969° 8 A. M
	3 51	Male	4 RACE White	S. DATE OF BIRTH April 27,	1894 b AGE (In years less birthday) YRS.	IF UNDER 1 YEAR F UNDER 24 HRS MONTHS DAYS HOURS MIN
ya.	7a cau	BIRTHPLACE (State or foreign	7b CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9 COUNTY OF DEATH Baltimore	
		TY OR TOWN OF DEATH	11 NAME OF HOSPITAL DRUM give street and rest tal	Erans Administ Att	OCCUPATION (Kind of work done say people of the people of	12b KIND OF BUS NESS OR INDUSTRY Deale.
	13o adm	uSUAL RESIDENCE (Where decease ssion) STATE Maryland	red lived, if institution Residence before 1 13b COUNTY	Baltimore YES X	TOD BINEZY THIS HOMBER	Street
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Tarage Control	16a Y	WAS DECEASED EVER IN U.S. ARM es, no grunknawn) Yes WW-	AFD FORCES? rat or dates of service) 16b. SOCIAL SECURITY 216 10 1		Address S. VA Hospital, Fo	
		PART I DEATH WAS CAUSED	Ity ane cause per line far (a), (b), and (c) D BY- ACUTE CO DUE TO, OR AS A CONSEQUENCE OF	RONARY THROMBOSIS		APPROXIMATE PIERVAL BETWEEN ONSEY AND DEATH Minutes
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	W	at work at wark		CTORY.) 21f LOCATION Street or RFD N		County State
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0		BUR AL CREMATION, 236 D	1/29/69 BNAI	CEMETERY OR CREMATORY ISREAL	23d LOCATION (City of Lown), MD.	(Caunty) (State)
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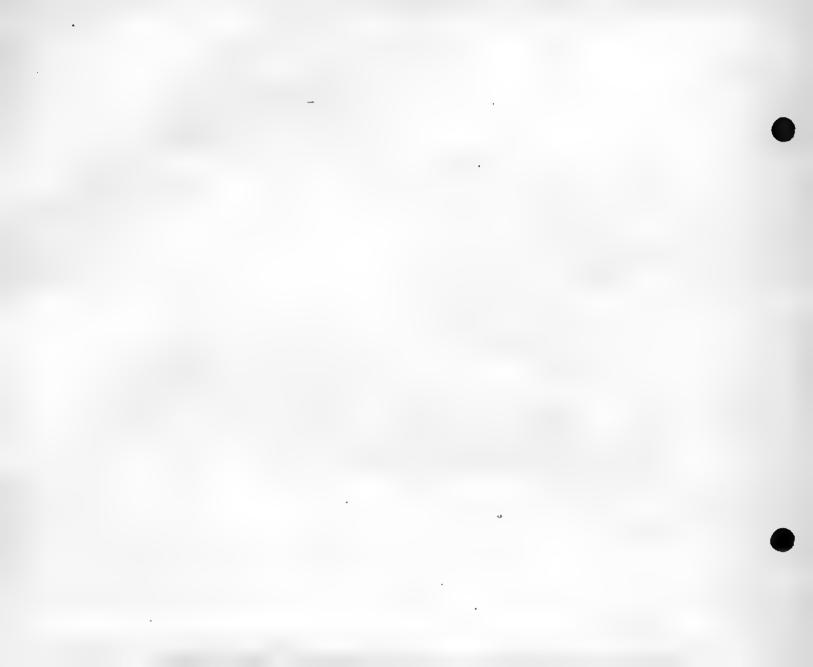
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ne death certi ottending ph permit. The ion, or remov		1B CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one cause per line foo(o), (b), and (c)	1 Anyone	and Info	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death etained by the hospital ar ottending physicion. CTOR: After this certificate has been signed by the ottending physician ond completely filled in by the funeral should be detached for use as the burial-transit permit. They please femove carbon pages? I and 2 should be detached for use as the burial-transit permit. They please femove carbon pages? I and 2 inth the State Dept. of Health prior to burial, cremation, or removal; and the state Dept.	CERTIFICATION	19a DATE OF OPERATION 19b. Co	ONDITION FOR WHICH OPERATION WAS PE	RFORMED 200. AUTOPSY? YES \ NO	CAUSES OF DEATHS	GS CONSIDERED IN CERTIFYING
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retories showith	L	22b. SIGNATURE	To incla.	ATTENDING	MED. STAFF DIRECTOR PHYS.	220 PATE SIGNED
V be DIR		22d. PHYSICIAN'S	a Marton,	DEGREE PHYS D		
PITA T mo T mo Or, P d be		NAME (Type) GRE	EGORIO WEARFON	22e ADDRESS BALTIMOF	RE COUNTY GENERAL	HOSPITAL
O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 moy be retained by the hospital or O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Healt	23a.	BURIAL CREMATION, 23b. DI REMOVAL (Specify) DURIAL 1		CEMETERY OR CREMATORY	23d LOCATION (City at Tawn) BALTIMORE	(County) (State)
F F		FUNERAL DIRECTOR	12-69 BNAI IS	SKACL 250 RECT	D BY REGISTRAR 25b. REGISTR	AR'S SIGNATURE
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1	1	DUISION OF WITH DECORATION OF THE PROPERTY OF
	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00549
•		CENTIFICATE OF DEATH
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ind ind	160	WAS DECEASED EVED IN ITS ADMICE CODESS 136. SOCIAL SECURITY NO. 117 INFORMANT
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ph ph ovc	-	2/2-28-1360-A Mr. Lester Schuessler, 4612 College Ave.
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OR OR OR		ATTENDING TO MED STAFF TO 1/C/CC
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VR AIS		FUNERAL DIRECTOR ADDRESS 250. REC D BY REGISTRAR 25b. REGISTRAR S SIGNATURE
45M - 118	HC	ward H. Hubbard, 4107 Wilkens Ave. 21229 DAAN 8 1969 Milesula, Quedak



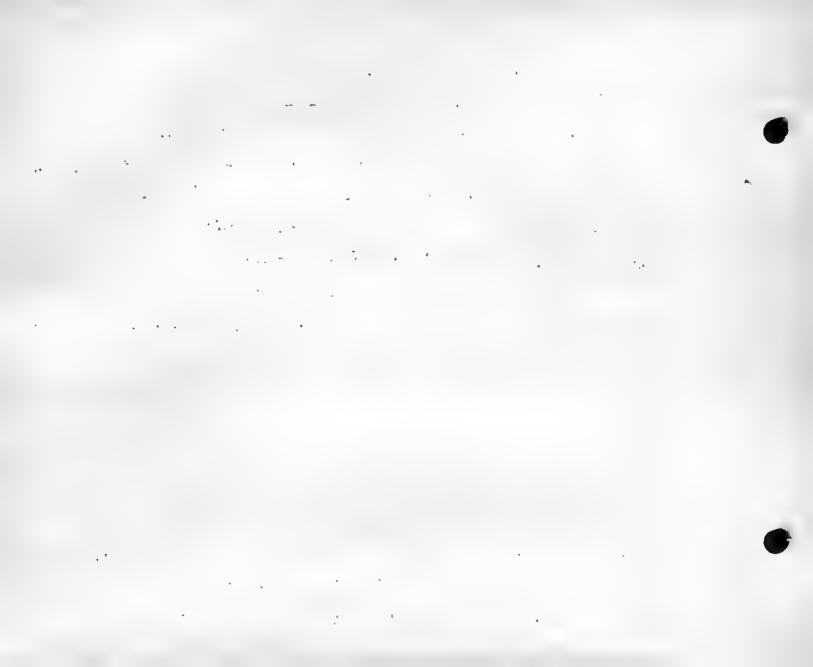
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haurs by t s. Par haurs	7a	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED [NEVER MARRIED]	9 COUNTY OF DEATH		
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OR ATTENDING be retained by the SIRECTOR: After it a 3 shauld be ded with the State		228 SIGNATURE	Jelwerne Mr. 1.	DEGREE PHYS	MED STAFF	22c DATE SIG	y 12, 1968
may be may be r, page 3 be filed y		22d. PHYSICIAN'S	7	22e ADDRESS	DIKECIOK CO PRES E	w logua. L	12, 1900
FRA ERA ur, p		NAME (Type) Chris	tina Feliciano, A	.D. 7620 Y	York Road, Towso	n, Md. 2	L204
TO HOSPITAL Page 4 may TO FUNERAL I directar, pag shauld be fil	23a	BUS AL, CREMATION, 23b B		CEMETERY OR CREMATORY	23d LOCATION (City or)		(State)
5 5 5 4s		HOYAL(Specify)	13-69 T	9,2 Knowd	Wak	10	111-
VR AT THE	24 .	MAS. TEVANS	+ Sin 8802 TO	4-15-1 //	REC D BY REGISTRAR 25b. R	EGISTRAR'S SIGNATU	RE Jungar



1 1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 (0551							
	00555 CERTIFICATE OF DEATH							
death. neral and 2 death.	1. DECEASED-NAME First Middle Lost 2a. DATE OF OFATH	2b, HOUR						
er death funeral I and ter death	January 1, 1969	IF UNDER 24 HRS.						
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Sun (ALA)	7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? B. MARRIED IN NEVER MARRIED 9. COUNTY OF DEATH							
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled an experience director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages flegs 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, ar remayal, and in any event, within 72 hours after death.	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Yown County of work of work of work	State						
NG the term to the decidence of the total to	220. I certify that (I) (this hospital) attended the deceased from 12-31, 1968, to 1-1, 1969, that sow the deceased clive on 1999, and that in (my) (12) apinion death occurred on the date and hour	(I) (we) last						
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OR be red weed w	DEGREE PHYS DEGREE PHYS DIRECTOR DIRECT	1,1969						
TAL CAL	22d. PHYSICIAN S 22e. ADDRESS	37.3						
NER Hor,	Atthat M. Suset 4001 wilkens Avenue, Batto.							
O HC Page Ogge Share Share	230 BURIAL (REMATION, 23b DATE 23c NAME OF CEMETERY OR (REMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify) BURIAL 1-4-1969 Loudon Park Cemetery Baltimore, Maryland	(State)						
^	BURTAL 1-4-1969 Loudon Park Cemetery Baltimore, Maryland 24 FUNERA DIRECTOR ADDRESS 250, RECT BY REGISTRAR 250/HEXTRAR STRUMATERS	N.						
30M REV 1/8	24 FUNERAL DIRECTOR Howard H. Hubbard, 4107 Wilkens Ave. 21229 250, RECT BY REGISTRAR 50 250, RECT BY RECT BY REGISTRAR 50 250, RECT BY RECT BY RECT BY RECT BY RECT BY RECT	/						



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4		30550		301 W. PRESTON STREET, BALTI CERTIFICATE OF DEATH	MORE, MARYLAND 21201	0552
4 -24		CEASED-NAME First	Middle	Lost	2a. DATE OF DEATH	2b. HOUR
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Te Te	3. SE	X	4 RACE	S. DATE OF BIRTH		UNGER I YEAR IF UNGER 24 HRS.
in 24 ha Alled in papers. hin 72 h	L	MALE	WHITE	1-14-1898	70 YRS.	1113
	7o I	URTHPACE (Stote or foreign try) Maryland	76. CITIZEN OF WHAT COUNTRY? USA	WIDOWED DIVORCED	9. COUNTY OF DEATH Baltimore	Md.
	10. (Towson	ii NAME OF HOSPITAL OR IN	JOSEPH & HOSPICOLOM	L OCCLPATION (Kind of work done	126 KIND OF BUSINESS OR INDUSTRY Ped. Res. Bank
omplete we carb event,		USUAL RESIDENCE (Where decease ssion) STATE Marylane	d lived, if institution. Residence before 13b COUNTY Baltimore	13c CITY OR TOWN 13d INSIDE CITY LI	MITS? 13e STREET AND NUMBER.	
and co	14 1	ATHER'S NAME First George Seidel	Middle Lost	15. MOTHER'S MAIDEN NAME FI	brison Middle	Lost
ificate ysician please al, and	16e Y	WAS DECEASED EVER IN U.S. ARME		NO. 17 INFORMANT	Address	
The law requires that the death certificate be executed within 24 I attending physician. The bas been signed by the attending physician and completely filled in seas the burial-transit permit. Then please remaye carbon papers h prior to burial, crematian, ar remayal, and in any event, within 72			ane cause per line for (a), (b), and (c) BY. E CAUSE (a) MYOCARI	·	4.7	APPROX.MATE INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which gove) rise to immediate cause (o),	DUE TO, OR AS A CONSEQUENCE OF (b) ARTERIOSCUE	PIAL /NEARCTION	70	2 YR5
	L	stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF			
w required by the property of	N.			OT RELATED TO THE TERMINAL DISEASE OR C		
The loy attend that has be se as Ith prior	CERTIFICATION	196. DATE OF OPERATION 196. C	ONDITION FOR WHICH OPERATION WAS PE	RFORMED 200. AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS CONS CAUSES OF DEATH?	SIDERED IN CERTIFYING
ATTENDING PHYSICIAN: Setained by the haspital ar STOR: After this certificate shauld be detached far us with the State Dept. af Health	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING or contributing cause of DEATH (If either, notify medical examine	HOUR A.M. Manth Day Year P.M.		r nature of injury in Part 1 or Part 2, Item	n 18)
	MEI	21d INJURY OCCURRED 21e F While Not while at work	PLACE OF INJURY (AT HOME FARM, STREET, FA	CTORY,) 21f. LOCATION Street or R.F.D. No.	City or Town	County State
		22a. I certify that (I) (this	ve an (I) (we) (dtd) (did nat) view the	196 8 and that in (my) (our) and	s, ta, 19 nian death accurred an the date	, that (I) (we) last and haur and fram the
		226 SIGNATURE Wallerman	Pushing	DEGREE PHYS D	NED STAFF 22c. DAI	E SIGNED 2 169
O HOSPITAL OR Page 4 may be 1 O FUNERAL DIRE director, page 3 shauld be filed v		22d. PHYSICIAN'S R. WI	ILLIAM A. PIL	LS BURY 22e. ADDRESS	'um md	
Page 4	230	BURIAL, CREMATION, 23b. D. BENCYAL (Specify) Jan.	4,1969 Dulane	CEMETERY OR CREMATORY	(ockeysville, I'd.	(County) (State)
VR A15 (4) 30M REV IV 68		funeral director John Burns' Son	ADDRESS No. Towson, Marylan	ad DATAN	y registrar 25b registrar's 516	
VAV	1					



1 6	tem 18 Film 4.M	8 1-17-69amMARYLAN DIVISION OF VITAL RECORDS.	ID STATE DEPARTMENT OF H 301 W. PRESTON STREET, BALTI CERTIFICATE OF DEATH	EALTH More, Maryland 21201	
2	-26-69ams	00558	CERTIFICATE OF DEATH	(00554
1	DECEASED NAME First (Type or print) Mich		Lost	20 DATE OF DEATH Month Doy	Zegr Zb HOJR
3	SEX	ael James	Sheridan, Junior	January 3,	1969 5:50pM
	Male	White	November 17,	The state of the s	MONTHS DAYS HOURS MIN
70	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	COUNTY OF DEATH	
	Maryland	U.S.A.	WIDOWED DIVORCED	Baltimore	Md
, 10	Towson 4	11 NAME OF HOSPITAL OR IN g va street oddress) St. Joseph	Hospital during mo	OCCUPATION (Kind of work done st of working fe, even if retired)	12b. K ND OF BUSINESS OR INDUSTRY
13d	o USUA. RESIDENCE (Where deceo mission) STATE Maryland	sed eved, if institution Residence before 13b CONTY Baltimore	13c C TY OR TOWN Had ASIDE CITY LIN YES NO	The state of the s	aven Blvd.
	FATHER S NAME First	Middle Lost	15 MOTHER'S MAIDEN NAME FIR	st Middle	Lost
	Michae			arian B.	Sigwart
16	o WAS DECEASED EVER IN U.S. ARI	MED FORCES? 16b SOC A, SECUR TY	NO. 17 INFORMANT	Address	
	no '	none		amily records	
	18 CAUSE OF DEATH (Enter on	ly one couse per line for (a) (b) and (c) BY Kering this			APPROXIMATE INTERVAL BETWEEN ONSET AND OFATH
	IMMEDI	D BY ATE CAUSE (o) _ Y. eringitis	Bhadadhahdandaha	Sepsis	
	#66 X Cond t ons, if ony, which gove	DUE TO, OR AS A CONSEQUENCE OF	1 1 - 1 1 1		
	rise to immediate couse (o),	(D)	Acute bronchopne	umonia	
П	stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF	Acute bronchitis		
	1—	(C) TO DEATH BUT IN C TO DEATH B IT IN	OT RELATED TO THE TERMINAL D SEASE OR CO		
		ADDITIONS CONTRIBUTING TO DEATH BUT N	OF KETATED TO THE TERMINAL D STATE OF FO	NUTION GIVEN IN PART I(0)	
CERTIFICATION	190 DATE OF OPERATION 196	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 200 AUTOPSY?	20b 1F YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING
1 E			YES X NO	CAUSES OF DEATH?	
L CER	210 ACCIDENT WAS UNDERLYIN			nature of injury in Part 1 or Part 2, It	em IB.)
MEDICAL	OR CONTRIBUTING CAUSE OF DEA	H HOUR A.M. Month Doy Yeor ner) P.M. 1			
ME	While Not while of work	PLACE OF INJURY (AT HOME FARM, STREET, FAR	21f LOCAT ON Street or R.F.D. No.	Eity or Town	County State
	22a. I certify that (15) (th	is hospital) attended the deceos	ed from January 3, 1969	_, to danuary 3 19 (9_, that (1) (we) las
	saw the deceased o	live on January 3. 1	ed from January 3,, 1969 9 69, ond thot in (1904) (our) opin body after death	ion death accurred on the dat	e and hour and fram the
	22b. SIGNATURE	M (we) (and) (assisted) Also the	oody and death		ATE SIGNED
	10	Elian'	DEGREE PHYS DIS	D CTARR	lary 3, 1969
	22d PHYSICIAN'S		22e ADDRESS		0 23 -/-/
L		Cilliani, M. D.	7620 Y	ork Road Towson L	L. Maryland
230	BURIAL CREMATION 23b		CEMETERY OR CREMATORY	23d LOCAT ON (City or Town)	(County) (State)
		/6/69 Parl	kwood Cemetery	Balto. Count	y, Md.
24	FUNERAL DIRECTOR	ADDRESS	250 RECO BY	PEGISTRAP 369 25b. MGISTRAR S.	NATURE OF PROPERTY OF THE PROP
	C. F. EVANS &	SON 8802 Harf	ord Road DATE	1004 //	/ 4



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A Property	1	16/		3055g		CERTIFICATE OF DEAT	BALTIMORE, MARYLAND 21201	00555
	(D. CV.	~	1 0	ECEASED-NAME First	Middle	Lost	20 DATE OF DEATH	2b. HOUR
	意作			ype or print) CHARL		SHERMAN	Manth Day	17 Year 60 12:45
	5 5 5		3 58		JES BAIN	SHERMAN S DATE OF BIRTH	6 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 NRS.
	The law requires that the death certificate be executed within 24 hours after ottending physician. has been signed by the ottending physician and completely filled in by the chas been signed by the ottending physician and completely filled in by the chas been signed by the ottending permit. Then please remove carbon papers. Pages hy priar to burial, cremation, or removal, and in any event, within 72 hours after			MALE	CAUCASIAN	5/1/83	last birthday)	MONTHS DAYS NOURS MIN
	by Pours		7a. I	BIRTHPLACE (State or foreign 7b	b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
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	e executed within 24 hu and completely filled in remove carbon papers. n any event, within 72 h	,	10 (ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN	STITUTION (If not in hospital 12a	USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR INDUSTRY
	with ely bon wit	ĺ]	BALTIMORE	give street oddress) GREAT BALT	MED CENT	ng mast of working life, even if retired.)	INDUSIKI
	plet car rent,	112	3a. Tadmi	JSJAL RESIDENCE (Where deceased issign) STATE	lived if institution, Residence before	13c CITY OR TOWN 13d. INSIDE	CITY LIMITS? 13e. STREET AND NUMBER	
_	com com ove y ev	1			13b COUNTY Balto.12	Dalu.	O9UZ_Petwo	rth Rd
E	and rem	1	14 F	FATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NA		Last
A)	se se			James	N. Sherr		<u> </u>	Hurley
4	e death certificate be ottending physicion o permit. Then please on, or removal, ond in		160. Y	WAS DECEASED EVER IN U.S. ARMED (es, no, or unknown) (If yes give were	trafetor of consent		Address	/ ca
	phy en ova				212-07-0		ence E. Sherman	(Same)
	Ferral Section 197			18. CAUSE OF DEATH (Enter only of	one cause per line for (a), (b), and (c)	.)		BETWEEN DISET AND DEATH
	he death ottendii permit. Iton, or re			IMMEDIATE	CAUSE (o) FRESH TI	HROMBOSIS OF R		
	off per lon,				DUE TO, OR AS A CONSEQUENCE OF		ARTERY	
	the the mot		Ι,	Cond tians, if ony, which gave rise to immediate cause (a),		CLEROTIC CARDI	OVASCULAR DISEAS	SE .
	tro by			stating the underlying cause(DUE TO, OR AS A CONSEQUENCE OF			
	equires that the physician. Signed by the buriol-transit buriol, cremat			lost.	(1)			
	The law requires the ottending physician. has been signed by se os the buriol-troith priar to buriol, cre			PART 2. OTHER SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO DEATH BUT N	OF RELATED TO THE TERMINAL DISEASE	E OR CONDITION GIVEN IN PART 1(a)	
	ding ding ding been the		NO.	190. DATE OF OPERATION 19b. COI	NDITION FOR WHICH OPERATION WAS PE	REFORMED 200. AUTOPSY?	20b. IF YES, WERE FINDINGS O	UNCIDEDED IN CERTIFYING
	The law range of the has been use as the sith priar to	1	CERTIFICAT		PERBLASIA OF		CAUSES OF DEATH? YES	
		1	CERTI	21a ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		(Enter nature of injury in Part 1 or Part 2, 1	
	IAN: Tal o ficata for for			CTLOR CONTRIBUTING CTLCAUSE OF DEATH	HOUR A.M. Month Day Year		the notice of injury in rast 1 of 1 at 2, 1	10.)
	rspil Sertification		MEDICAL	(If either, natify medical examiner)	ACE OF INJURY CAT NOME FARM STREET, FA	GORY 1 214 LOCATION Street or P.E.I.	D. No. City or Town	County State
	OR ATTENDING PHYSICIAN: The law represented by the hospital or ottending NIRECTOR: After this certificate has been e 3 should be detoched for use as the ed with the State Dept. of Heolth priar to			While Nat while at work	ACE OF INJURY (AT NOME, FARM, STREET, FA	211, LOCATION SINGE OF KTA	o. No. City of Town	county stole
	by the fter the be de			220 certify that (1) (this	hospital) attended the deceas	ed from 1/5	1969k to 1/11 19	69 that (I) (we) last
	VDING d by t After d be d e State			saw the deceased aliv	e on 1/11/	19 69 and that in (my) (our	19 <u>69</u> 16 to <u>I/II</u> , 19 Lopinion death occurred on the do	te ond hour ond from the
	ATTEN stained CTOR: / should ith the		1		1) (we) (did) (did not) view the	bady ofter death.		
	reference of the second of the		ı	22b. SIGNATURE	P Kini no	D . DEGREE PHYS	MED STAFF 1220	DATE SIGNED
	ed e e			Chaire	. C. / Scoun, 7%		DIRECTOR PHYS.	1///6/
	RAL RAL be f	1	'	22d. PHYSICIANS Char	LES C. BRO	WN MID. Great	er Balto.Medical	Center
	TO HOSPITAL OR ATTENDING PHYSICIAN Page 4 may be retained by the hospital TO FUNERAL DIRECTOR: After this certifica director, page 3 should be detoched for should be filed with the State Dept. of He		730	BURIAL, CREMATION, 23b. DAT		CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
	909 07 07 p. s.	11		BULLETIAN 1/1		ine Park		alto Co Md.
	A	7	1	FINISH DIRECTOR	ADDRES	250 RE	EC'D BY REGISTRAR 25b REGISTRAR S	S GNATURE
	30M REV. I	180	H	.W.Jenkins & S	Sons Co. 4905 Balto.12. Md	YORK Rd.	AN 13 1969 Acces	was fresher
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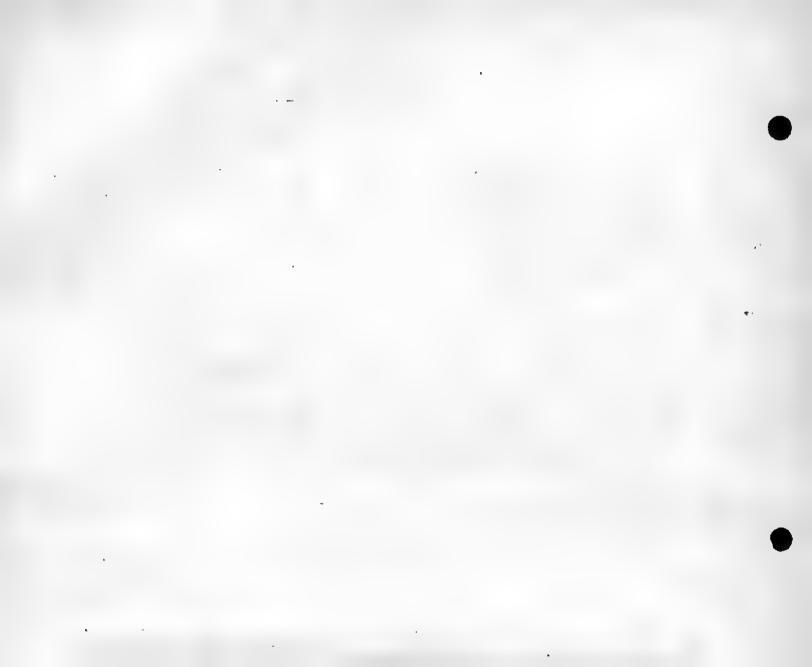
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00500 CERTIFICATE OF DEATH 08556 1. DECEASED-NAME Middle Last 20. DATE OF DEATH death. 2b. HOUR within 24 hours after death puo (Type or print) Month JOSEPH APHRINE SHIFLETT JANUARY 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGF (n years F JNDER I YEAR last birthday) 1/27/22 MALE WHITE To BIRTHPLACE (Stote or foreign 7b. CIT-ZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED U.S.A. WIDOWED [7] DIVORCED [VIRGINIA BALTIMORE IO CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 1. NAME OF HOSPITAL OR INSTITUTION (If not a hospital 12b KIND OF BUSINESS OR VETERANS ADMIN. HOSPITAL INDUSTRY FORT HOWARD signed by the ottending physican dnd Complete burial-tronsit permit. Then please regrove darburial, cremation, or removal, and in any event, 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d. NSIDE CITY L M TSP 13e STREET AND NUMBER adm ssion) STATE 3b COUNTY BALTIMORE YES X NO BALTIMORE 2612 W. WOODWELL ROAD MARYLAND 14 FATHER'S NAME Middle 15 MOTHER'S MAIDEN NAME FIRST OR ATTENDING PHYSICIAN: The low requires that the death certificate be MALLITW SHIFTEIN MARIE DAY 160 WAS DECEASED EVER IN L.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Address Yes, no or unknown) 231 16 28 31 CLINICAL RECORDS, VAH, FT. HOWARD, 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) BRONCHOPNEUMONIA, BILATERAL DAYS DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) (b) FATTY INFILTRATION OF LIVER rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ficate has been s for use os the b f Health prior to b 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔂 director, page 3 should be detached for us 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year Dept. of I (If either, notify medical examiner) P.M. 218 PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 214 LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County State While Not while at work director, page 3 should be de should be filed with the State 22a. I certify that \$4 (this haspital) attended the deceased from JAN 10 , 19 69 , to JAN 27 , 19 69 , that \$6 (we) last be retained couses stated above, (we) (d'd) (diamest view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS MED DIRECTOR DEGREE 220 PHYSTETAN S 22e ADDRESS ELFATRICK, M. D. NAME (Type) VAH, FT. HOWARD, MD. 23d LOCATION (City or Town) 230 BUR AL CREMATION 23c NAME OF CEMETERY OR CREMATORY (County) BALTIMORE NATIONAL BALTIMORE, MD. FUNERAL DIRECTOR 250 REC'D BY REGISTRAR

Property of the second

-17 . d	ı			D STATE DEPARTMENT OF T		
1		056_		301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH	IMUKE, MAKTLAND ZIZUI	
***	1 0	CEASED-NAME First	Middle	Lost	2o. DATE OF DEATH	2b HOUR
death.		ype or print) ELS				loy Yeor
	3. 5		A RACE LAURA	S I MMS S. DATE OF BIRTH	6 AGE (In years	1969 18:050 ^M
at a set	0. 5	Female	Caucasian		1922 lost birthdoy) 46 YRS	MONTHS DAYS HOURS MIN
ST CONTRACTOR	7o.	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH	<u>). </u>
in ha	coul		USA	WIDOWED DIVORCED	Baltimore	e Md
n 24 illed iin 7	10 0	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN	STITUTION (If not in hospital 120. USU	AL OCCUPATION (Kind of work done	196 KIND OF BUSINESS OD
equires that the death certificate be executed within 24 hours after physician. signed by the attending physician and completely filled in by. Its. Educate transit permit. Then please remove corban papers. Ropes burial, crematian, ar removal, and in any event, within 72 hours after		Towson	give street oddress) Greater Balto	Med.Center How	ost of working life, even if refired	Own Home
od v		USUAL RESIDENCE (Where deceo-	sed lived, if institution: Residence before	13c, CITY OR TOWN 13d, INSIDE CITY I	IMITS? 13e STREET AND NUMBER	
corte	т	SSION STATE Maryland	136 COUNTY Baltimore	Towson YES PS N	°□ 972 Fairmoun	t Avenue
	14.	ATHER'S NAME First	Middle Lost	15 MOTHERS MA DEN NAME		Lost
of in the			urtis	Maude L.	Price	
requires that the death certificators go physician. n signed by the attending physician at e burial tronsit permit. Then please re burial, cremation, ar remaval, and in	160.	WAS DECEASED EVER IN U.S. AR	MED FORCES? Avar or dates of service)		972 Fairmount Av	a Tourson AH
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re m			by one couse per line for (o), (b), and (c). D.BY:	•		BETWEEN ONSET AND DEATH
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he of per		Conditions, if any, which gove:	DUE TO, OR AS A CONSEQUENCE OF			
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s th rian by or rr,		stoting the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF			
The law requires the attending physician. has been signed by se as the burial troi the priar to burial, cre			(c)	OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(n)	
red o pi o bi	I_			and diabetes mell		
law ndin bee s th	NOIN		CONDITION FOR WHICH OPERATION WAS PE			CONSIDERED IN CERTIFYING
The law re attending has been as as the th priar to 1	CERTIFICATION			YES 🔀 NO 🗆	CAUSES OF DEATH?	Yes
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CIA Tiffic of H	MEDICAL	OR CONTRIBUTING CAUSE OF DEA				
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the shauld be filed with the State Dept. of Health priar to	累	21d. INJURY OCCURRED 21e	PLACE OF INJURY (AT HOME, FARM, STREET FA	CTORY.) 21f LOCATION Street or R.F.D. No	c. City or Town	County State
the detection of the detection of the Distriction o		While Not while at work				
ATTENDING etained by th CTOR: After t should be d	ı	22a. I certify that (1) (th	is haspital) attended the deceas	ed from 12/2/, 196 1969, and that in (my) (aur) ap bady after death.	upian death accurred on the	19 <u>69</u> , that (I) (we) last
MR: /	L	causes stated abov	e, (I) (we) (did) (did nat) view the	bady after death.	illian deam accorred an me	adie and habi and ham me
Share Bare	1	22b. SIGNATURE	1/2 = 1		22	Re DATE SIGNED
or be red w	L	164	XU, Unerk		MED. STAFF DIRECTOR PHYS.	/9/69
ral ray all constants of the filler of the f	П	22d. PHYSICIAN'S NAME (Type) Dudie		22e. ADDRESS	B 111	1.0.
10 HOSPITAL OR ATTEND Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the		Kuutt	<u>ger Breitemecker, M</u>		Baltimore Medica	
HO age FUI	230			CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
	04	REMOVAL (Specify) FUNERAL DIRECTOR	n. 11, 1969 Poplar	grove Cemetery	Cockeysville. BY REGISTRAS 256. OFFICE AND ADDRESS RAIL	PS AGNATURE
VR A15 (1)	24.	TUNERAL DIRECTOR	ADDROS	Lowson DATE AN	REGISTRAS 1969 256 PEOPERA	MAN AMERICA
2011 1121 11 11)[YOUNG I STU	and sound o	DATE		



H	i DE	CEASED NAME First	Middle	ERTIFIC	ATE OF	DEATH	20 DATE OF	DEATH	J	0558	2b HOUR
- 1	(T	ype or print) LILY	R.		SIMMS		Januar		Д роу	1969	3:30 M
	3 SE	X	4. RACE		S DATE OF BIE	RTH C = 00		6. AGE (In year	5	IF UNDER 1 YEAR	IF UNDER 24 HRS
]	7 .	Female	White			-6-188		last birthday)	YRS.	ACINITH'S DAYS	HOURS MIN
П	coun	itry)			NEVER MARI	KILD .	COUNTY OF				
F	<u>Mau</u> 10 (cyland ITY OR TOWN OF DEATH	USA 11 NAME OF HOSPITAL OR INST	WIDOWED		CED 120 USUAL	Baltin	(Kind of wark of	4	I 15t KIND OF S	Md
l		Towson	give street oddress) St. Joseph's	Hospi	tal	during mas Home	t of working lemaker	life, even if retu	red)	12b. KIND OF B INDUSTRY Chun Hi	ome ome
	odmi Ma	aryland	lived, if institution Residence before 13b. COUNTY BALLIMORE	13c CITY OR TOWS		YES NO		REET AND NUMBE ridence		d	
	14 F	ATHER'S NAME First Pe	Middle Last ter Torbit	13		DEN NAME FIS		Midd	dle		Lost
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		Conditions, if ony, which gove is a tim mediote couse (o), stating the underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS	one couse per line for (o), (b), ond (c). BY: CAUSE (o) Carcinoma DUE TO, OR AS A CONSEQUENCE OF (b) Ascending, DUE TO, OR AS A CONSEQUENCE OF (c) Septicemis TIONS CONTRIBUTING TO DEATH BUT NO	colang	git is to unkn	own org	anism	I IN PART 1(o)		BETWEEN ON	ATE INTERVA. SET AND DEATH
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	₹I	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner)					oture of injur	y in Port 1 or Po	ort 2, Ite	m 18)	
		ot work of work	ACE OF ENJURY (AT HOME, FARM, STREET FACTO					or Town		County	Stote
		22b. SIGNATURE	haspital) attended the deceased e an January 4. 19 19 (we) (did) (APAN) view the barry 10 Mansky, M.D.	ody offer d	ATTENDING PHYS 22e ADDR	G MED DIRI	D. ECTOR 🗆	STAFF PHYS &	22c, DA	iuary 4	, 1969
	B	BUR AL (REMATION, 23b DAT REMOVAL (Specify) Jan.	7,1969 Provider		rematory	2Sa REC'D BY	23d LOCAT OF	N (City or Town) idence 25b REGIST	Ba RAR S SI	(Caunty) Lta.Co. GNAL.RE	(State)



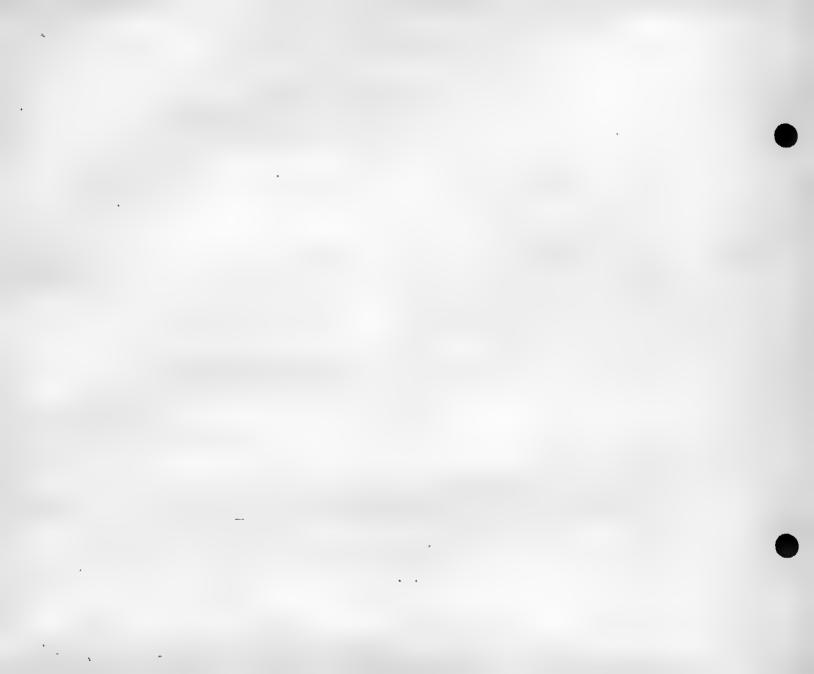
1 / 1		D STATE DEPARTMENT OF HEALT	
1-5		301 W. PRESTON STREET, BALTIMORI ERTIFICATE OF DEATH	E, MARYLAND 21201
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	SEX Fenale 4 RACE W	S DATE OF BIRTH 4-3-18-89	6 AGE (In years AF UNDER I TEAR OF JADER 24 MRS NONTHS OAYS HOURS MIN
72	o BIRTHPLACE (State or foreign ountry) 75 CITIZEN OF WHAT COUNTRY? U.S.A.	8- MARRIED NEVER MARRIED 9. COU	NTY OF DEATH Bulture Ma
¥.		ng Horne duryg most of y	IPATION (Kind of work done or or of the property of the proper
eve (Brocklandville YES NO	Brooklandville, MD
· 등	Hartin Luther Satter PIEIE	Mary From	p ton Middle Lost
C 3	60 WAS DECEASED EYER IN LS ARMED FORCES? Yes, no, or unlabelin) (1 yes give war of dates of service) 218-32-19		Sloughten 39LTO. 21210
should be filled with the State Dept. of Health prior to burial, cremation, ar remova	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 4/23 DUE TO, OR AS A CONSEQUENCE OF (b), stating the underlying couse lost (c)	Myocardial I	APPOUMATE MILEVAL BETWEEN ONST AND OTATIN COSC SESSION COSC SESSION SESSION SESSION COSC SESSION S
to burn	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	RELATED TO THE TERMINAL DISEASE OR CONDITIO	IN GIVEN IN PART 1(o)
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MEDICAL CE	G CANTERBUT NG CAUSE OF CEATH HOUR A.M. Month Doy Year Ilf either, notify medical examiner) P.M.	21c. HOW INJURY OCCURRED (Enter noture	of injury in Port 1 or Port 2, Item 18)
12	While Not while OFFICE BUILDING. FTC	21f. LOCATION Street or R.F.D. No.	City or Town County State
	22a. I certify that (1) (this haspital) attended the deceased saw the deceased glive on	I fram J-7, 1968, 67, and that in (my) (aur) apinian d ady after death.	ta
filed wi	122d PHYSCIANS Multo	DEGREE ATTENDING MED DIRECTOR 22e ADDRESS	STAFF 1-Z-G9
od blo	NAME (Type) ROBERTAL CREMATION, 235 DATE 236 NAME OF CI	EMETERY OR CREMATORY 23d.	stantoron (d. Comple
	PERMOVALISACION VAN 4, 1969 236 MAIN OF CO	NOTON	LOCATION (City or Town) (County) (Store) M.D.
11 Page 1"	AUDRESS Moore + Van. 10	250. RECD BY REGIS	1969 ECHANDA VILLE ;



j.f		1056) is	ונואוט	ON OF VI	IAL KECOKE			TREET, BALT F DEATH	more,	MAK	ILAND 2	1201	2059	2.0
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	3. SE:	х	F	4. RAG	TF.	C. Thite	DIII		0 7 1880			6. AGE (In lost birth	years	F JNOER 1 YEAR MONTHS OAYS	IF UNDER 24 HRS. MOURS MIN
	7a. 8	IRTHPLACE (State try) GE	or foreign	7b. CITIZ	EN OF WHAT	COUNTRY?	8 MARRI WIDOW	D NEVER M	MARRIED	9. COUN			183. [Mc
١			owson		give strei		Stella	Maris	l 120 USU during m	ost of wo Hous	ewil:	Kind of wi te, even if E	retired)	126 KIND OI INDUSTRY Own I	BUSINESS OR Tome
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		18. CAUSE OF D PART 1. DEA L Conditions, if on nse to immedia	TH WAS CAUS IMMED y, which gave	ED BY- NATE CAUSE DUE	(c)	CONSEQUENCE A S (+	ndia OF	f Fr	forch	ì				APPROI BETWEEN	MAYE INTERVAL DINSET AND DEATH
		PART 2. OTHER A	SIGNIFICANT CO	ONDITIONS	(c) CONTRIBUTING	G TO DEATH BU	NOT RELATED	tal y	INAL DISEASE OR OF OCCUPANT	Ra	2_			ONSIDERED IN	FEDTIEVING
> h	CEMPICATION	2) a. ACCIDENT V						YES]	CAUSES	OF DEATH?			
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		21d INJURY OCC While I Nat w of work of w	ask		•				treet ar RFD No			or Tawn		County	State
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		22b. SIGNATURÉ 1 22d/ PRYSICIAN'S	reph	gil	~		D	EGREE PHYS.	IDING ST	MED. DIRECTOR		STAFF PHYS.		DATE SIGNED	9
		NAME (Type) J. D		Nagel								rd La		
1		BURIAL, CREMATI REMOVAL (Specif BUTT B] FUNERAL DIRECTO	y)	. DATE 125/	/69	Ne	w Cat	or crematory hedra		E	Balt	(City or I	re	(County)	(Store) Md.
58	Ħ,	W.Jenk	ins 8	e Sor	s Co Balto		York	Rd.	DATE A		196	39	Clea	May Jac	ye.



1	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT		OHP
THE PARTY OF THE P	(Type or Print)	M
is the second	3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE in years if under 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d H	
offer death any delay 8. Give Pages 1, 2, and 3 along with form PM3-Page with the State Department death.	male white 5/31/05 63 YRS MONTHS DAYS HOURS MMN Month January Day Year 63 9	:10
any 2, P	70 BIRTHPLACE (State or foreign 76 CITIZEN OF WWAT COUNTRY? 8. MARRIED THEYER MARRIED 9 COUNTY OF DEATH	_
ie D	(Guntry) _5. C. US,7 WIDOWED □ DIVORCED □ Baltimore	Md.
Start Start	10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working if e, eyen firstired) INDUSTRY Give street address)	R
r de f	KXXXX Essex Parking Lot - Eastern Blvd.	
S after death 18. Give Pages 1, 18 dlang with form 2 with the State De death.	13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c City OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER	
urs of 18 ce	odrussian) SMIE NO X 2 B Byway N.	_
24 hours after death in Item 18. Give Pages 17's Office along with form of I and 2 with the State Dr. is after death.	14. FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle Last	
5 E S E S	CLARENCE W. SMITH 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT ADDRESS	
within 2 pencil ir cominer pages 72 haurs	(Yes, no, or unknown) (If yes give wer or deles of service) 249-03-1306 ANNIE 5/417/4 ABOUTE	
T. S W	APPROX MATE INTERVAL	
be executed "pending" in nief Medical E ansit permit. Pevent within	PART I DEATH WAS CAUSED BY Arteriosclerotic Cardiovascular Disease BETWEEN ONSET AND DEATH BE	181
ndir Med Per	4/2 4 DUE TO, OR AS A CONSEQUENCE OF	_
be "pe "pe inef ansit	Canditians, if any, which gave a rise to immediate cause (a). (b)	
vord vord ne Ch al-trc any	stating the underlying cause Due TO, OR AS A CONSEQUENCE OF	
should be executed to word "pending" of the Chief Medical burial-transit permit.	last. (c)	
and and	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
nts certific te, writin farword te used ar	190 DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION 20. AUTOPSY?	
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4 5 9 9 -	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)	-
	PRIMARY OR CONTRIBUTING HOUR A.M CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21a PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R. F.D. Ng City or Town County Str	
= a + + + + = =		ate
CAL EXAMINER: execute the certification. Page 4 should files. The street of the street	WHILE NOT WHILE TOCTORY, diffice building, etc.)	
ICAL EXA execute far. Page ed far yar CTOR: Pag burial, cre	220. I certify that I took charge of the remains described above, held on Autopsy, Inspection, Inquiry, and in my opin	nion
se e created and a created and	death resulted from Notural couses X Accident , Suicide , Hamicide , Undetermined manner	
y, please rai directine retaine rations to brior to brior to brior to be	ACTUAL CHIEF MEDICAL EXAMINER 22b, DATE SIGNED	
ry, ry, ry, ry, ry, ry, ry, ry, ry, ry,	SIGNATURE MD ASSISTANT MEDICAL EXAMINER AND ASSISTANT MEDICAL EXAMINER	
o DEPUTY DICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your o FUNERAL DIRECTOR: Page Health prior to burial, crem	EXAMINER'S Werner U. Spirz, M.D. ADDRESS(Street, city, town, or county)	
The The Hee	23a BUR AL, CREMATION, 23b DATE, 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)	
	REMOVAL (Specify) NEMOVAL 1/8/69 GREER 5.6	
	24 FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR S S GNATURE	
VR A15ME (5) 10M REV 1/68	J.G. CONNELLY SONS 300 MACE DATE AIN 8 1969 JOHNNES JUNGTE	



F. 11		MAKTLAND STATE DEPARTMENT OF HEALTH	
		056 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	-00
3/		CERTIFICATE OF DEATH	562
\(\sigma \)	1 0		2b. HOUR
eath and 2 eath		DECEASED-NAME First Middle Lost 2a. DATE OF DEATH (Type or print) Month Day	Year Zu. hour
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5 N-7 5	3. \$1		DER I YEAR IF UNDER 24 HRS.
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filled pape thin 77	10. (CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (if not in hospital 120 USUAL OCCUPATION (Kind of work done 12b	KIND OF BUSINESS OR
within yelle fille ban pa	1	The tenies will be give street oddress) to Mane during most of working life, even if retired) INC	DUSTRY
	130	USUAL RESIDENCE (Where deceased liver, 'f institution, Residence before 13c (ITY OR TOWN 13d, MISIOE (ITY LIM. TS? 13e STREET AND NUMBER	5/4
ted cover	adm	mission) STATE / 136. COUNTY BOLLO - ROLLING YES NO QUOCKS /	1000 - 29
executed cample any even		The yill will be the second of	4166
bus and 4	14	FATHER'S NAME First Middle Lost IS MOTHER'S MA DEN NAME First Middle	Lost
		Grenge C. Smith Bessie Smith	H.
So out	160	O WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Address	
yse ple	Y	Yes, no, or unknown) (If yes give war or dates of service) 312 (9-2456 Mrs. Genevieve Payne, 909 Cooks L	01000
law requires that the death certificates banding physician. been signed by the attending physician is the burial-transit permit. Then please for to burial, crematian, ar remaval, and i	⊨		APPROXIMATE INTERVAL
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equire physic signed burial burial		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
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ICIAN: The pital or attificate ha d for use difficate ha difficate ha difficate ha difficate ha for use difficate	ERT	210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 1	D.)
JAN al o ficat far Hec			u.,
日報道を	MEDICAL	(If either, notify medical examiner) P.M. 19	
rds che	Σ		unty State
G PHYSICIAN: The haspital or this certificate detached far used to be but a fleath		Train trains	
JING PHYS by the has ther this ce be detache State Dept.		22a I certify that (I) (this haspital) attended the deceased from	that (I) (we) last
DIN by State		sow the deceased give an active and the date of the deceased give an active do the date of	nd haur and from the
FENI Pred Pred	1	causes stated abave, (1) (we) (d d) (did nat) view the bady after death.	
A ATTEL retaine retaine sectors: 3 shault		22b SIGNATURE 22c. DATE &	
OR ATTENDING PHYSICIAN: The law rebe retained by the haspital or attending DIRECTOR: After this certificate has been le 3 shauld be detached far use as the ed with the State Dept. af Health prior to	1	DISTRICT OF THE PHYS DIRECTOR	11/19
AL OR LORGING STREET	1	22d PHYS CIANS 22e ADDRESS	16/0/
may be RAL DIR r, page be filed		NAME ((yp)) J. C Poyrp 3325 Frederick Road	
O HOSPITAL OR ATTENDING Page 4 may be retained by to O FUNERAL DIRECTOR: After director, page 3 should be c should be filed with the State			
G eg e	230		iunty) (State)
020gg)		Buriel 1/18/69 Druid Ridge Cometery Baltimore, Maryla	nd
UA	24	FUNERAL DIRECTOR Witzke, 4101 Edmondson Ave., 21229 256. REGISTRAR 256. REGISTRA	ATURE
30M REV 168		Witzke, 4101 Edmondson Ave., 21229	to Judge



7		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
-	1	OCERTIFICATE OF DEATH	0563
- 2 -	1. D	ECEASED NAME First Middle Lost 20. DATE OF DEATH	2b HOUR
within 24 haurs after death. ely filled in by the Luneral ban papers Propert and 2, within 72 hours after death.		Type or print) William Manth Day	Year
e dun	3 \$	EX 4. RACE S. DATE OF BIRTH 6 AGE (In years IF	UNDER I YEAR OF UNDER 24 HRS
S of the second		Male WHITE Dec \$29, 1902 last bighdoy) YRS. MOI	NTHS DAYS HOURS MIN.
by by hour		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED X NEVER MARRIED 9. COUNTY OF DEATH	
24 h	12	HILY, PA, U.S.H. WIDOWED DIVORCED BALTO, CO,	MD. Md.
	10	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, even if, retired)	12b. KIND OF BUSINESS OR
	130	USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c, CITY OR TOWN), 13d. ISIDE CITY LIMITS? 13e. STREET AND NUMBER	BETHLEM STEEL
equires that the death certificate be exercised within 24 haurs physician. signed by the attending physician and completely filled in by burial-transit permit. Then please remayer carban papers poburial, cremation, ar remayal, and in any event, within 72 hours	adm	(ssion) STATE MD. 13b. COUNTY BALTO ROCK VALLE YES NO 35.35 MILLFO	FO MILL RO.
Bu an an	14.	FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle	Last
on o	160	WILLIAM H. SMITH ALICE PAGE WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NOS FL. 17, INFORMANT Address	
tificat hysici ro ple val, a		WAS DECEASED EVER IN U.S. ARMED FORCES? (es, na. gov. np.	IFFEDGE RD,
ng p The		18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN UNSET AND DEATH
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he fa affend nas b e as e as	CERTIFICAT, ON	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONS YES NO CAUSES OF DEATH?	IDERED IN CERTIFYING
N: T ar a are b are b		21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item	1 18)
C C C C C C C C C C C C C C C C C C C	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 19	• •
HYSI hasp s cer ache ept.	WE WE	21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY A) 21f LOCATION Street or P.E.D. No. 6th or Town	County State
the dest	П	at work at work	
DIN J by Afte J be Sto	П	220. I certify that (I) (this haspital) ottended the deceosed from 101 25, 1968, to 120, 1968 as the deceased alive an 120 2 1969, and that in (my) (and opinion deoth occurred on the date	7, that (I) (we) last
O.R.:		couses stoted abave, (I) (we) (did) (did net) view the body after deoth.	and moor ond train me
R Al Per Par S S S P P P P P P P P P P P P P P P P	П	226 SIGNATURE ATTENDING MED. STAFF 22c DATI	SIGNED
DIF DE		POWERED PHYS DIRECTOR	N 2 1967
FRAI may		22d. PHYSICIANS NAME (Type) HOWARD H. GENDASONMD REISTERS TOWN, M.	d.
TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be exercised Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compled director, page 3 should be defacted for use as the burial-transit permit. Then please release should be filled with the State Dept. of Health prior to burial, crematian, ar remayal, and in any event	23a.	BURIAL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (C.ty or Lowo) Woodlawn Balto.	(State)
VR AT CALO		FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 256 REGISTRAR'S SIG	NATURE
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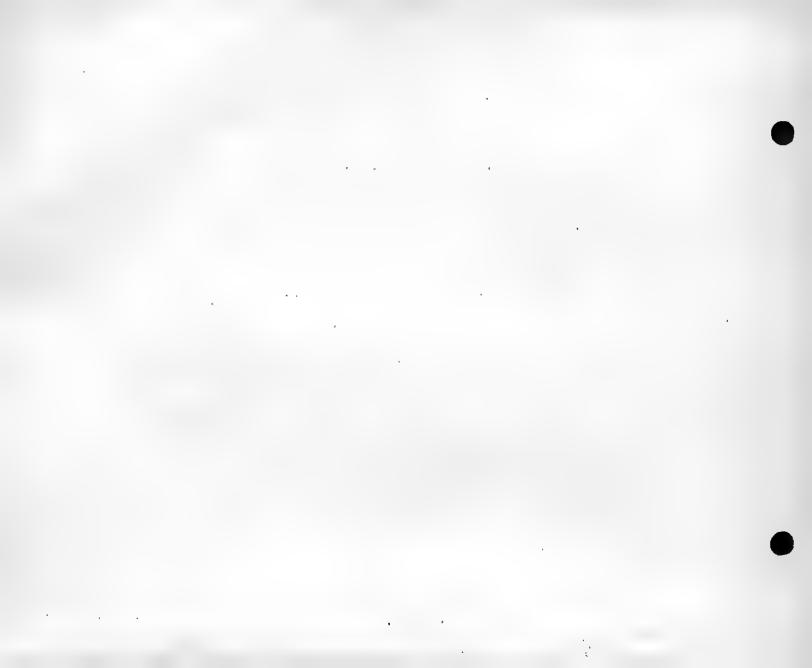
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* * *	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
7	CERTIFICATE OF DEATH
4 24	1 DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR
death. neral and 2 death.	(Type or print) Mary E. Snyder Month Doy Yeor M
fun fun er d	3 SEX A PAIF S NATE OF RIDTH A ACE (In years 15 Modern YEAR THE MINES 24 MES
to the second	Female Cau. 1-2-1885 lost birthday) MONTHS CAVS HOURS MIN
S EVE	70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
e : s: 5	(Ountry) Md. U.S.A. WIDOWED DIVORCED Baltimore Md.
ficate be executed within 24 hours after death. ysicion and campletely filled in an interferent papers. Pages; I and 2 please remave carban papers. Pages; I and 2 lit, and in any event, within 72 hours after death.	10. CITY OR TOWN OF DEATH 11. NAME OF HOSP TAL OR INSTITUTION (It not in hospital 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR
executed within 24 and campletely filled remave carban pap any event, within 7	give street oddress) during most of working life, even if retired.) INDUSTRY
arbe	Overlea 1918 Taylor Ave Housewife 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR YOWN 13d Misse CITY LIMITS? 13d STREET AND NUMBER
c) see male	odmission) STATE 113h COUNTY
xec nav	Md. Baltimore Overlea 19 Taylor Avenue 14. FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Lost
and	
2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Frederick Scheper Elizabeth Hofstetter 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT Address 21011
physician physician please aval, and	Yes, no, gr unknown) (if yes give wor ardates of service)
4 5 0	NO Jetulian Snyder 1503 Charter Avenue Bel Air
ne death carfic offending phys permit. Then p	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY. On the couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY.
end end	IMMEDIATE CAUSE (a) CINTUM SCUROFIC CAROW VOLENCE DECEMBER OF MINERIALE
of att	DUE TO, OR AS A CONSEQUENCE OF
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The law requires that the death cat attending physician. han been signed by the attending p se as the burial-transit permit. The th priar to burial, cremation, ar reman	190, DATE OF OPERATION 196, CONDIT ON FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
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ATTENDING PHYSICIAN: Patained by the haspital or CTOR: After this certificate shauld be detached far usith the State Dept. of Healt	210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18)
25年 25	(If either, natify medical examiner) P.M 19
P P P P P P P P P P P P P P P P P P P	21d IN.URY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No City or Town County State
the harman the harman the harman the bear detacle	at work at work
by ther ther be d	22a I certify that (I) (this-hospital) attended the deceased from 1900, to 1900, to 1900, that (I) (see) last
EN Bed Pick	saw the deceased a ive an
Tip in the state of the state o	220 SIGNATURE . Said SIGNED
OR obe red w	DEGREE PHYS DIRECTOR D STAFF D 1/25/69
V by by by by by by by by by by by by by	1220 PHYSICIANS - 1 220 ADDRESS- 1 h 2 1/2
RA be	NAME (Type) JAMOS I, WINTOMV 5214 Harrier Video Balto
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- = M	REMOVAL (Specify) Burial 1-27-1969 Holy Redeemer Cemetery Baltimore City Md 24 FUNERAL DIRECTOR ADDRESS 250 REGISTRANS CONAINS
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MAKTLAND STATE DEPAKTMENT OF BEALTH



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١	2 DE	CEASED NAME First	an from of	Middle	LICITICA	Last	DEATH	2a. DATE OF DEATH			2b HOUR
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		Male	Cau	casian		1/1	/69	last	birthday) YRS.	MONTHS DAYS H	OURS MIN
	7a. (IRTHPLACE (State or foreign	7b. CITIZEN OF WHAT		8. MARRIED			COUNTY OF DEATH			
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	10. 0	ITY OR TOWN OF DEATH	. AAM	OF HOSPITAL OR INS	TITUTION (If not	in haspitai		OCCUPATION (Kind it of working life, ex		125. KIND OF BU	SINESS OR
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		ssion) STATE	la county Baltimo		Balti					ige Road	
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			Thomas Spi		12 I I I	CODILLIA	Susa	an	Carol	Lut:	Š.
		WAS DECEASED EVER IN U.S. AR es, no, ar unknown) (If yes give	MED_FORCES? 10	Sb. SOCIAL SECURITY N	(0 17, IN	FORMANT			Address		
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		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDI	nly one cause per line. D BY.	tor (a), (b), and (c).)	C-11.				2 hou	
		IMMEDI			ratory	Tallu	ire			2 100	11 3
		Cand trans, if any/which gove	,	A CONSEQUENCE OF	mmaduus	1+4					
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		stating the underlying cause last.		ematurity	/						
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2.	SIE					YES	_				
		21g. ACCIDENT WAS UNDERLY!		NJURY Month Doy Year	21c. HO	W INJURY OC	CURRED (Enter	nature of injury in P	art 1 ar Part 2, 1	tem 18.)	
	MEDICAL	(If either, natify medical exam	iner) P.M.	19)					5 .	Canan
	2	21d INJURY OCCURRED 21e While Not while	. PLACE OF INJURY (T HOME, FARM, STREET FAC FFICE BUILDING, ETC.	70RY) 21f. LO	CATION Stre	et ar R F.D. Na.	City or Tax	VO.	County	State
		While Not while at wark		1 1 4 - 1	16		/ 1060	2, ta	1/2 10	60 that (I) (wo) la
		22a. I certify that (I) (the saw the deceased	nis naspitai) aπen olive an	ded the deceasi	9 68, and	that in (m	iv) (our) opin	ion death occur	red on the do	te and hour of	id from th
		couses stated obov	e, (I) (we) (did) (d	id not) view the	body after d	eath.					
		22b SIGNATURE	- 1	1	M.D	ATTENDI	NG ME	D 🖂 STA	£ 22c	DATE SIGNED	
		White.	MILLION	phayon	DEGRE	E PHYS.		RECTOR STA	S. L	4-157	
		22d. PHYSICIAN'S	chijah Spr	ragins M	n	22a. ADI		altimore	Medical	Center	
1				23c NAME OF			50,0,0	23d LOCATION (Cit		(County)	(State)
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	<u> </u>	FUNERAL DIRECTOR	367	ADDRESS			2Sa REC'D BY	REGISTRAR 2	Sb. REGISTRAR S	SIGNATURE	
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]	MALE	CAT			4-0	1-06		lost birthday) 62 YRs.	WOM: H2 DAL2	MIN,
	70 B coun	IRTHPLACE (State or foreign lry) Md.	76. CITIZEN OF WHAT C	OUNTRY?	8. MARRIED X	NEVER MARR	HED .	COUNTY OF BAL!	TIMORE		Md.
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1	14. F	ATHER'S NAME First	Middle	Lost	IS. A	NOTHER'S MAI	DEN NAME FIRE	st ?	Middle		Last
7	160. Ye	WAS DECEASED EVER IN U.S. ARM		SOCIAL SECURITY I	10. 17 INF	ormant garet	L. Spu	rrier	(Same)		
	×.	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT COM	DBY. VIE CAUSE (a) DUE TO, OR AS A (b) DUE TO, OR AS A (c)	A OF LU CONSEQUENCE OF	NG WIT				N IN PART 1(o)	APPROXIM. BETWEEN ON	ATÉ INFERVA. SET ANO GEATH
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	至	21d INJURY OCCURRED 21e. While Not while	PLACE OF INJURY (AT H	OME FARM, STREET, FAC TE BUYLDING, ETC.	TORY.) 21F LOCA				ar Tawn	County	State
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		22b. SIGNATURE	Daham	Lskon.	DEGREE	ATTENDING PHYS.	LJ DIR	D. EECTOR	STAFF PHYS. 22c. 1	28-69	
		22d. PHYSICIAN'S NAME (Type) B. ES	LAMI			22e. ADDR	L NORI	TH CH	ARLES STR	EET	
ı		BURIAL, CREMATION, 23b. (PHMOVAL (Specify)	/30/69	Lor	CEMETERY OR CR	ark		Wood	ON (City or Town) Lawn, Balt		(State) Md •
17	24 Pa	funeral director aul E. Chenower	th Jr. 3617	ADDRESS Chestn	ut Ave.		2So RECD BY	REGISTRAR 3 0	969 REGISSION S	SIGNATURE	ye.

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11		0057 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
Party Control of the		CERTIFICATE OF DEATH
# 12 m		ECEASED-NAME First Middle Lost 20 DATE OF DEATH Dov 30 Years Q 2b. HOUR Month / Dov 30 Years Q 2b. HOUR
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and and in a		He o man black the
inte t	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17, INFORMANT Address
ifica nysic ral, e	١	(es, no. or unknown) (It yes give war or dates of service) 212-07-9639 Mr. Charles W. Stack, 916 Olmstead Road
cert Ther		18. CAUSE OF DEATH (Enter only one course per line for type (b)) and (c))
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atter		+/ + DUE TO, OR AS A CONSEQUENCE OF
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TENI TENITE CTOR: A ECTOR: A I should with the		causes stated above, (i) (we) (did) (statingt) yiew the bady after death.
REC 3 S I WILL		ATTENDING MED. STAFF
y be y be L DIR		22d PHYSICIANS 22e ADDRESS
PIT/ ma ERAI		MARETYPHIAMIES 6- AND HELL MA REISTERSTOWN BOLTO MICH
ro Hospital Page 4 may ro Funeral I director, pag should be fill	23a	BUR AY CREMATION, 23b DATE / (21 NAME OF CEMETERY OR CREMATOR) 23d (OCATION (City or Town) (County) (Shire)
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45M 11100V	I F	loward H. Hubbard, 4107 Wilkens Ave. 21229 TEB 3 1969 Miller June



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TENDING fined by the IR: After I bould be d		22o. I certify that (!) (t saw the deceased	dive on	V V	19/_, and	that in (my) (our) opinion	death accurred	on the do	te ond hour	and from the
ovle ovle		couses stated abov	e, (1) (we) (did) (dubget) view the	body after d	eath.					
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DIR be		Comes	1/1/	Beaus	/// OEGRI		MED DIRECTO	OR STAFF		4114,	1969
AL AL Poor		22d. PHYSICIAN'S NAME (Type)				22e. ADDRESS			0		
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TO HOSPITAL Poge 4 moy TO FUNERAL director, pog should be fil	230.		DATE 15-69	Jewett	CEMETERY OR			LOCATION (City or Jewett Ci		(County)	(Stote)
5 5 5	04		15-05	ADDRESS			. REC'D BY REG				
VR A15 (4) 30M REV. 1/68	74.	FUNERAL DIRECTOR Wm. Cook-Bro	oks Tows			1204	TE IAN	1 1969	"Jette	SIGNATURE J	edge.

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_	1			ID STATE DEPARTMENT OF		
			DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BAI	TIMORE, MARYLAND 21201	TIFOR
	L	30569				
€ -24 €	1 0	ECEASED NAME First	Middle	Lost	20 DATE OF DEATH	2b HOUR
uneral	1	Type or print) WILLIAM	F	STEHLE	JAN Month 12 Doy	69 Year 5:15PM
Te ta se	3 5	X	4 RACE	S DATE OF BIRTH	6 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
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THE PART OF THE PA	70	BIRTHPLACE (State or fare gn	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED X NEVER MARRIED	9 COUNTY OF DEATH	
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rear The property of the prope		18 CAUSE OF DEATH (Enter onl	one cause per line far (a), (b), and (c))		APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
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tho an. by rron		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF	Y		
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required physical phy	_	PART 2 OTHER SIGNIFICANT CON	DITIONS <u>CONTRIBUTING TO DEATH</u> BUT N	OT RELATED TO THE TERMINAL DISEASE OF	CONDITION GIVEN IN PART 1(0)	
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A the solution of the solution	 置			YES NO	CAUSES OF DEATH?	
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ed the Sed the		saw the deceased al	ve an (1/7 (I) (we) (did) (did not) view the	19_G_{2} , and that in (my) (our) a	pinion death accurred an the da	te and hour and fram the
ATTENI ATTENI Stoined CTOR: A Should ith the	L	22b SIGNATURE		*	20, 1	DATE AIGNED /
OR / be re be 3 sed will		arthu	a Serpich	4 DEGREE PHYS	MED STAFF DIRECTOR DIRECTOR DIRECTOR DIRECTOR	12/69
AL AL Doog by by be file	1	22d. PHYSICIAN'S		22e. ADDRESS		/ *
TO HOSPITAL OR ATTEN Poge 4 may be retoined TO FUNERAL DIRECTOR: director, poge 3 should should be filed with the		NAME (Type) Arthu	r A Serpick	5601 0	ld Court Rd B	1/10 Md 21207
HO.	23a	BURIAL, CREMATION, 23b D	ATE 23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or Tawn)	(County) (State)
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	1			O STATE DEPARTMENT I	BALTIMORE, MARYLAND 21201	A P M A
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ad 2		ECEASED-NAME First (ype ar print) CO F	Middle	Last STEVENS	2a DATE OF DEATH January 3 Day 1	26 HOUR 11.30Am
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nding p nt. The r remo		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED E	one couse per line for (a), (b), and (c). 3Y: CAUSE (a) Coro			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Stadding
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yskan. ned by ial-tran ial, crer		stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF			
the bur	NO		ITIONS CONTRIBUTING TO DEATH BUT NO		``	<u>.</u> ,
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of Hea	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner	21b TIME OF INJURY HOUR A.M. Month Doy Year P.M. 19		(Enter nature of injury in Part 1 or Port 2, Ite	
this ce detache e Dept.	×	of wark at wark	ACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.			Caunty Stote
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Page To FUN direct shoul	Ι.	BURIAL CREMATION, 235 DA	woru 6.1969 St	CEMETERY OR CREMATORY Peter's Cer		(Caunty) (State)
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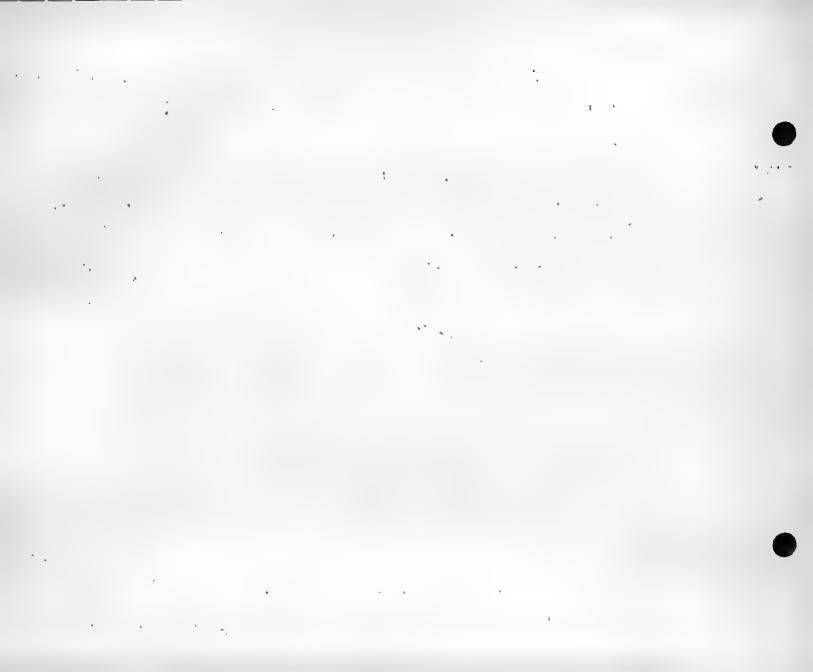
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OR ATTEND be retained burkector: A ge 3 should		22c DA	TE SIGNED					
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5 5 5 ip 42		Rembwa1 1/31/69 Temple Hill Cemetery Caldwell Co.,	No.Carolin					
VR A15 (4) 30M REV 1/68	24.	FUNERAL DIRECTOR Chlaret Owings Mills, Mone Bregistar 1969sb. REGISTRARS AND OWINGS Mills, Mone Bregistrars And Company of the	ates by the same					



MARYLAND STATE DEPARTMENT OF HEALTH 00572 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00570 CERTIFICATE OF DEATH 1. DECEASED NAME Last 2a. DATE OF DEATH 2b. HOUR (Type or print) Manth 19, JANUARY CECELIA ANNA STINE 11:05R 3. SEX 4. RACE S. DATE OF BIRTH & AGE (In years last birthday) HOURS April 2, 1898 Female White 24 hours 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country U.S.A. WIDOWED IX B_ltimore. DIVORCED [Maryland 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street address)
St. Jeseph Hospital during most of work no life, even if retired) INDUSTRY Towson mpletel 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN event 13d (MSIDE CITY LIMITS? 13e STREET AND NUMBER 136 COUNTY YES 🚭 NO 4782 Chatford Ave. #21206 Mary land Baltimore remov Au0 14 FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle puo Geckle Shipley Charles Anna OR ATTENDING PHYSICIAN: The law requires that the death certificate be burial-tronsit permit. Then please burial, cremation, or removal, and 16b. SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN US ARMED FORCES? Address Yes, no ar unknawn) Chas. Stine 780 Springdale Dr. Millersville 219-30-0019 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) BETWEEN ONSET AND DEATH PART 1 DEATH WAS CAUSED BY. Cerebral Hemorrhage IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) Arteriosclerotic Cardiovascular Disease Canditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1601 for use as the t f Health prior to b hos been Post cholecystectomy 190 DATE OF OPERATION 196 COND T ON FOR WHICH OPERATION WAS PERFORMED Cholecystitis 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES F NO TX After this certificate 21a. ACC DENT WAS UNDERLYING 21b TIME OF N.JRY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) HOUR A.M. Manth Day Year be detached for State Dept. of H (If either, natify medical examiner) (AT HOME FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. 21d. -NJ., RY OCCURRED 21e. PLACE OF INJURY City or Town (gunty State White Nat while at work 220 I certify that 10 (this hospital) attended the deceased from January 16, 1969, to January 19, 19, 69, that (1) (we) lost sow the deceased olive on January 19, 19, 69, and that in (1) (our) opinion death occurred on the date and hour and from the be retained director, page 3 should should be filed with the TO FUNERAL DIRECTOR: couses stated above, (i) (we) (did) (all yew the body ofter death. 226 SIGNATURE 22c DATE SIGNED ATTEND NG DEGREE X January 19, 1969 DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS Towson, Md. #21204 NAME (Type) 7620 York Road Antonio G. DeLeon. M.D. 23b. DATE 1/23/69 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION Balto. Md. (County) (State) Moreland Memorial Pk. Bin GV Late Lecty) 24 FUNERAL DIRECTOR ADDRESS 2Sq REC'D BY REGISTRAR 2Sb REGISTRAR'S S GNATUR Leonard J. Ruck Inc. Balto. Md. DATE JAN 22



	1	MARYLAND STATE DEPARTMENT OF HEALTH
/		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		00577 CERTIFICATE OF DEATH
	2.4	1. DECEASED-NAME First Middle Last 20. DATE OF DEATH 2b. HOUR
-	eral and 2 leoth	1. DECEASED-NAME (Type or point) Rose - Middle Last 2a. DATE OF DEATH Month Day Year 5.3M
-	25	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years I FUNDER I YEAR IF UNDER 24 HRS
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\sigma_{\sigma}	# E : 4	14 FATHERS NAME First Middle Lost 15 MOTHERS MAIDEN NAME First Middle Lost
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9	icior	160 WAS DECEASED EVER IN U.S. ARMED FORCES? [16b. SOCIAL SECURITY NO. 17. INFORMANT Address
4	hys ol,	Yes, no, or Unknown) 1 yes give wor or do es of service) 218-18-2034BEZWARD PAUL SWISS HUDE MARULANI
d d	9 9 E	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
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30	s b	19d DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
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ż	l or tote or teo	
3	記憶事を 記憶事を	(If either, notify medical examiner) P.M 19
PHYCICIAN	pt. ce	
ā	be this	While Not while of wark of wark
ATTENDING	to te	22g. sertify that (1) (this hospital) attended the deceased from 1968, to 1968, to 1969, that (1) (we) last
2	Af d b d b d b d b d b d b d b d b d b d	saw the deceased glive an Alec 4 19 (2) And that in (my) (aur) apinion death accurred an the date and haur and from the
	e g B 4	causes stated above, (i) (we) (did) (did nat) view the bady after death.
	A PER LEGISTRA	22b. SIGNATURE ATTENDING MED. STAFF 22. DATE SIGNED
à	ed Se be	Gales & Mac Micro Mil DEGREE PHYS. DIRECTOR D PHYS. D Jan 13 1969
2	P P P P	(22d PHYSICIANS NAME (Type) Charles C. MacHinn, M. D. 22e. ADDRESS 2900 E. Baltimore Street
100	44.45.45.45.45.45.45.45.45.45.45.45.45.4	
C ROCEITAL	To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician. director, page 3 should be detached for use as the buriol-transit permit. Then please remove corban papers. should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 h	230. BURIA_ CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
2	5	BURNAL 1-16-69 HOLU ROSARY CEMETER BALTIMORE MARYLAND
	VR ALS DO	24. FUNERAL DIRECTOR ADDRESS 2SD. REGISTRAR 2SD. REGISTRAR 2SD. REGISTRAR'S SIGNATURE -
	30M REV. TES	DIDDEL BROS. INC. 71/0 DELAIR NOAD WHI: 10 1969 purples yings



(20580	DIVISION OF			STON STREET, BAL		ARYLAND 21201		
		70578		(CERTIFICA	TE OF DEATH		# 5.7	にでる	
£ −2±		ECEASED NAME First		Middle		Last	20. DATE (V	28 HQUP.
er death. funeral 1 and 2	(1	(Ype ar print) E1:	Lzabeth		Sy	monds		January 12	1969	0.45 _W
for ter	3. SE	X	4. RACE		5	DATE OF BIRTH		6 AGE (in years last birthday) 82 YRS	IF UNCER 1 YEAR MONTHS CAYS	F JNGER 24 HRS HOURS MIN
rs afte		f emale		white		Sept. 9,			W(1417) (W1)	HOOKS MIN
ano la la la la la la la la la la la la la		BIRTHPLACE (State or fareign	76 CITIZEN OF WI		8 MARRIED	NEVER MARRIED	9. COUNTY C			
illed in by	L	Md +		J. S.	WIDOWED K	DIVORCED 🗀		timore		Md
is the second	10 (ITY OR TOWN OF DEATH	11 N/	AME OF HOSPITAL OR INS	STITUTION (If nat i	1 4		ON (Kind of work done	12b. KIND OF B	USINESS OR
A DO TO		Catonsville		RING GROVE				e life, even if retired.)	MADOSIKI	
		USUAL RESIDENCE (Where deceasission) STATE	ed lived, if institut	ian. Residence befare	.3c CITY OR TO			STREET AND NUMBER		
E e e			13b COUNTY	Balto.	Parkvil	Te		225 Texas A	venue	
and co	14 1	FATHER'S NAME First	Middle	Last	IS N	OTHERS MA DEN NAME		Middle	ON	Last
an o			NESERKE	lui soc a secuencia	117 1016	BAXAXX	DOROT		UN	
equires that the death certificate by physician. Signed by the attending physician burial-transit permit. Then please burial, crematian, ar remayal, and i		WAS DECEASED EVER IN U.S. ARI (es, na, ar unknawn) {If yes give y	NED_FORCES? var or dates of service)	215-10-6			מים מינים	Address OVE STATE H	ACDT#AT	
phy phy ava						cords: SFR	TAG OW	JVE SIRIE II		ATE INTERVAL
in germen		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	n av.						BETWEEN ON	SET AND DEATH
deat hend mit, ar I		118/ IMMEDI	ATE CAUSE (a)	Pnaumon	ia					
he at per		Canditions, if any, which gave	,	AS A CONSEQUENCE OF						
at the three next three ments through		rise ta immediate cause (a),	(b)							
# in of the state		stating the underlying cause	DUE TO, OR A	AS A CONSEQUENCE OF						
quires tha physician. signed by burial-fran		PART 2 OTHER SIGNIFICANT CO	(c)	TING TO DEATH BUT N	OT PELATED TO T	A TENNIN DISEASE OF	PCONDITION GIV	VEN IN PART I/A		
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. The haspital ar attending physician. The certificate has been signed by the attending physician and cemple by filled in By the funeral stacked far use as the burial-transit permit. Then please remark carbon paper. Plages I and 2 Dept. of Health priar to burial, cremation, ar remayal, and in any street, within 72 mours after death		TAKT Z OTIEK SIGNIFICANT CO	IDITIONS CONTRIBO	TIMO TO DEATH BOT IN	O. KLDAILD IQ II	IL (EKMINAL DISEASE OF	KEONDINON ON	THE RESTANCE IN		
AN: The law re all ar attending icate has been for use as the Health priar to	CERTIFICATION	19a, DATE OF OPERATION 19b.	CONDITION FOR WH	ICH OPERATION WAS PE	RFORMED	20a. AUTOPSY?	20b	IF YES, WERE FINDINGS (CONSIDERED IN CEL	RTIFYING
he la uttenc nas ba e as e as	3					YES DE NO	CALIC	SES OF DEATH?		
or att		21a. ACCIDENT WAS UNDERLYI	NG 216 TIME OF	F INJURY	21c. HOW			jury in Part I or Part 2,	Item 18.)	
CIAN if if all of if if are of if it is a final of it is	호	OR CONTRIBUTING CAUSE OF DEA	th HOUR A.M.	Manth Day Year						
PHYSICIAN: The law ruhe haspital ar attending this certificate has been letached far use as the coept. of Health priar to	MED	21d INSURY OCCURRED 21e		AT HOME, FARM, STREET FAI	TORY) 2H. LOCA	ItON Street or R.F.D. N	la. G	ity or Town	County	State
		at wash					-			
ENDING ied by th R: After the uld be de the State		22a. certify that (f) (th	is haspita!) att	ended the decease	ed from	p. 24 19	_ to	Jan. 12 , 19	<u>09</u> , that	(M (we) last
= T ~ T @		saw the deceased of causes stated abov	live on <u>최</u> 요	(did not) viou the	9 <u>.69</u> , and t	hat in (r zc y) (aur) a	pinian death	n accurred on the d	ate and haur a	ind from the
R ATTEN retained retained ECTOR: A 3 shauld with the		22b SIGNATURE	e, (I) (we) (ure)	did har view the	body direi dei	1111.			DATE SIGNED	
OR ATTEN De retained SIRECTOR: / e 3 shauld ed with the			midi	Firove lide	DEGREE	ATTENDING PHYS	MED. DIRECTOR	CTAFF	-13-69	
		22d, PHYSICIAN'S						OVE STATE H	OSPITAL	
SPITAL OR 4 may be 1 NERAL DIRE tor, page 3 Id be filed v		NAME (Type) Dio	midis Pir	covolidis,	M.D.			Maryland		
TO HOSPITAL OR ATTENPAGE 4 may be retained to FUNERAL DIRECTOR: director, page 3 shauld be filed with the	23c	BURIAL, CREMATION, 23b.	DATE	23c NAME OF	CEMETERY OR CR		23d LOCA	T ON (City or Town)	(County)	(State)
555 5	В		15/69	0ak1a	wn Cem		В	alto Md.		
VR AS AN		FUNERAL DIRECTOR	0 00	ADDRESS		// / 1 1/4	BY REGISTRAR	OCO 256. REGISTRAR	SICHATUS	el.
30M REV 168	1	MAS. T. EVANS+	Sm 88	102 HAR	1029.	DATE	17 & 0 1		0	/

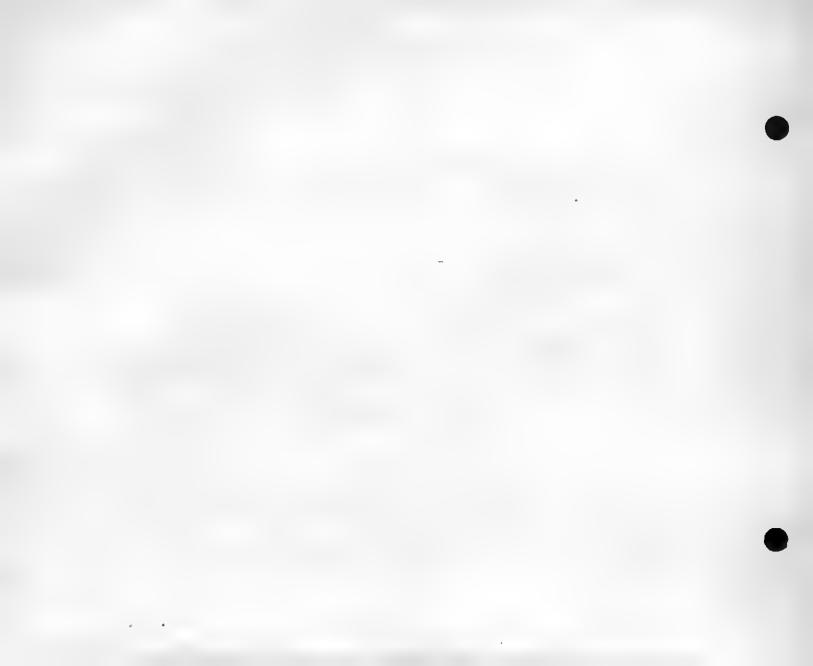
MAKTLAND STATE DEPAKTMENT OF HEALTH



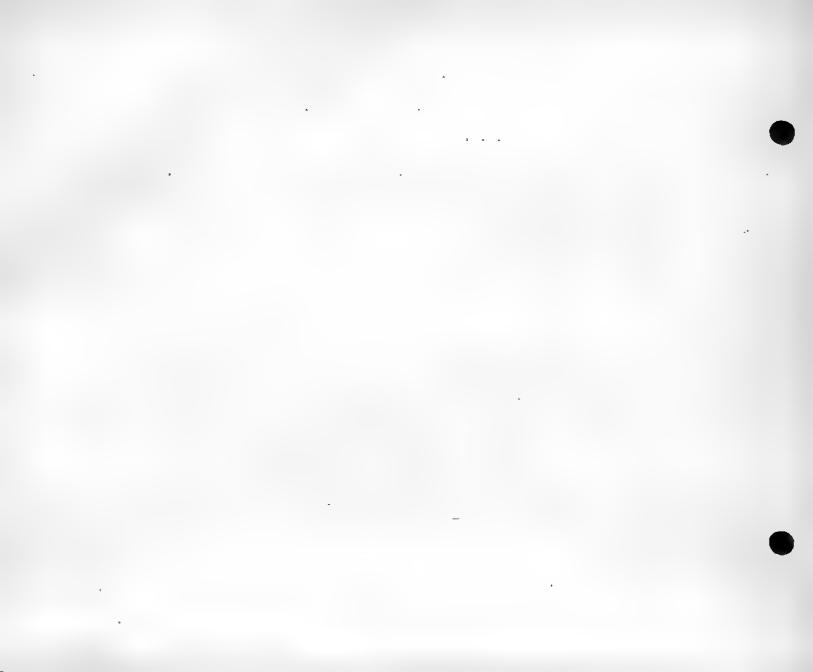
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 36573 36575 funeral and 2 death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. CDUNTY a. STATE 24 hours after MARYLAND b. CITY DR TDWN (if outside corporate limits, write/RURAL/ and give nearest town) C. LENGTH OF STAY IN 1b c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) 0 C12J d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS DN A FARM? YES AND within 3. NAME OF DATE Month Day Year DECEASED 13 196 DEATH (Type or print) AN executed eve AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. (13st birthday) Months Days Hours Min. 5. SEX 6. CDLDR OR RACE DATE OF BIRTH 8. 9. emove 7. MARRIED NEVER MARRIED WIDDWED DIVDRCED 10b. KIND DF BUSINESS OR 10a. USUAL DCCUPATION (Give kind of workelone during most/of ylerking life, even if retired) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHA physician certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME гешоча attending p 0 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOZIAL SECURITY ND. nsit permit. remation, or r (Yes, no, or unkown) (If yes give war or dates of service) that the death the CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN this certificate has been signed by the teached for use as the burial-transit bept. of Health prior to burial, cremater the second of the seco ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TD Conditions, if any, which (b) gave rise to immediate DUE TD cause (a), stating the underlying cause last. CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY PERFORMED? NO S YES 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part | or Part || of item 18.) 20a, ACCIDENT WAS UNDERLYING I ould be detached i the State Dept. of OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED | 20e. PLACE DF INJURY (Home, farm. 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. TO FUNERAL DIRECTOR: After director, page 3 should be d should be filed with the State While Not While be retained by at work at work 19 69 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 3 R. M. from the causes and on the date stated above. saw the deceased alive on DATE SIGNED SIGNATURE 22b. 22a. ATTENDING PHYS. V Page 4 may I M.D. DIRECTOR PHYS PHYSICIAN'S NAME (Type) 22d. ADDRESS ROBINSON 23c NAME OF CEMETERY OR CREMATORY LDCATTON (CITY, town or county) (\$tate) 23a/ BURIAL, CREMATION, DATE THEREOF 23d. REMOVAL (Specify) IA FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR VR A15 (4) 15M 4-64



			MARYLAND STATE DEPARTMENT OF HEALTH
1.1	1	-1	00580 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
April	•	-1	CERTIFICATE OF DEATH
_	- 23	- k	DECEASED-NAME First Middle Lost 1 20. DATE OF DEATH 2b. HOUR.
ŧ	and 2 death.		(Type or print) Yeor - C. CAT
0	funera and and dear	J	EANA LONA 144/00 Jan 31 69 61 M
Her	43		SEX 4 RACE S DAYE OF BIRTH 6 AGE (In years of binder 1 YEAR TE UNDER 24 HRS lost birthdoy) 11-23-19 VRS. 4 RACE VRS. HOURS MINI
5	# 8 P		F W 11-23-19 49 YRS.
on o	3 3		O BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
4 4	J in sers.		Ountry) Balto WIDOWED & DIVORCED BAITMORE Md.
n 2	papers.		D CITY OR TOWN OF DEATH / II NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 126. KIND OF BUSINESS OR
	A BEAUTI	james 1	RANDA 1/5 Town (DAILe: Co. GCM, HOSO Sales Ladie
\$	carban ent, wit		30 USUAL RESIDENCE (Where deceased I ved. if institution Residence before 13c, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER
prec	and completely filled in remave carban paper in any event, within 72	2	dmission) STATE Md. 136 COUNTY A. A. Millers YES NO RIJ-BL 41 TURT Rd.
x eec	nd com	7	4. FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Lost
(0	Pin in in	2	
8	sic od please f, and	`}-	60 WAS DECEASED EVER IN S ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Address
0	physic'd nen plec navaí, ar		Yes, no orunknown) (if yes give wor or dates of service) 212-18-8245 Floso. Record
Ŧ	phy ava	- 1	no 212-10-024) Y-103D1 13 COPY
9	pr± E		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b) ond (c).)
= = = = = = = = = =	Para Z	- 1	PART 1. DEATH WAS CAUSED BY: Myo cardial Infancts on
ő	errr In, c	- 1	1177 DUE TO, OR AS A CONSEQUENCE OF
4	t p	- 1	Conditions if day, which gove) As les in the As distribution of the less in the Asset of the As
ŧ .	y th	- 1	rise to immediate couse (o),
s #	signed by the attending physic of burial-transit permit Then please burial, crematian, or remaval, and	- 1	lost Underlying couse DUE TO, OR AS A CONSEQUENCE OF
uire	in a la		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM, NAL DISEASE OR CONDITION GIVEN IN PART 1(o)
P P P	E E S		THE 2 WHEN SIGNIFICANT COMPANIES TO DOWN OUT AND RESIDENCE DESCRIPTION OF THE PART TO
ĕin	the r to		206 AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
e de	as b as pr.c	7	CAUSES OF PEATING
£ ±	사 Se 문	41	YES IN NO CAUSES OF DEATH?
	ar ted	- 1	
E	語の音	- 1	City either notify medical examiner) P.M.
IYS los	RAL DIRECTOR: After this certificate has been page 3 shauld be detached far use as the be filed with the State Dept. af Health pr.ar to	- 1	
2	this eta De		While Not while of work
Z ∓	e d	ı	22g. sertify that (1) (this hospital attended the deceased from Jan 19 01, to Jan 51, 19 01, that (1) (we) lost
2 P	d b		saw the deceased alive on 31 1967, and that in (my) (our) apinian death accurred an the date and haur and fram the
ii E	S a f		causes stated abave, (1) (we) (did) (did nat) view the bady after death.
Te to	무선	- 1	226 SIGNATURE - ATTENDING MED STAFF 120 DATE SIGNED
\$ 3	ed ed	- 1	Gregoria Wayor MD DEGREE PHYS DIRECTOR PHYS M Jan 31, 1969
ZY A	P P P P P P P P P P P P P P P P P P P	71	22d. PHYSICIANS () 22e ADDRESS
	d b	1	NAME (Type)
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.	TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. af Health pr.ar to		BUR AL (REMATION 23b DATE 23c NAME OF CEMETERY OR (REMATORY 23d LOCAT ON (City or Town) (County) (Stote)
0 0	0-9-2	1	REMOVAL Specify 2/3/69 Cedar Hill A.A. Co.
-		8	Paul E. Chenoweth Jr. 3617 Chestnut Ave. 250 RECD BY REGISTRAR 25b REGISTRAR'S SIGNATURE
	VR A15 (4) 30M REV. 1/6	8	Paul E. Chenoweth Jr. 3017 Chestrut Ave.



, 1			ID STATE DEPARTMENT OI . 301 W. PRESTON STREET, BA		
	00581		CERTIFICATE OF DEATI		30577
Ī	DECEASED NAME First (Type or print)	Middle	Lost	20. DATE OF DEATH Month Day	Yeor 25 HOUR
3	SEX Burdet	t A.	Templeton S. DATE OF BIRTH	117	69 1:00 4
ľ		White	Sept. 4.19	6 AGE (In years lost buthday) 5 2 YRS	F JNDER I YLAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
7.	Male o. BIRTHPLACE (State or foreign	7b CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
,	Maryland	U.S.A.	WIDOWED DIVORCED	Baltimore	Ma
10	D. CITY OR TOWN OF DEATH	11 NAME OF HOSP TAL OR (N give street address)		SUAL OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR
4 [Fowson	St. Bosept sed lived, if institution Residence before	's Hospital	most of working afe, even if retired) Jarka Corp.	INDUSTRY
01	30 JSUAL RESIDENCE (Where deced maryland	sed lived, if notitution Residence before	13c CITY OR TOWN 13d INSIDE CI	NO X 9310 Carney	Avenue
1	4 FATHER'S NAME FITSE	Mddle Last	IS MOTHERS MAIDEN NAM		Last
	Leroy H. Ter	npleton		erine Wenzl	
ľ	Yes, no, or unknown) (If yes give)	were as distant of community		Ty records Address	
Г	18 CAUSE OF DEATH (Enter or	nly ane couse per line for (a), (b), and (c) D BY:)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Т	IMMEDI	ATE CAUSE (a)	nia		
	Conditions, if only, which gave	DUE TO, OR AS A CONSEQUENCE OF			
	rsse to immediate cause (a)	DUE TO, OR AS A CONSEQUENCE OF	yn nephoscle	nest,	5 Jun
-	stating the underlying cause last.	(c)			
1	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE O	DRECONDITION GIVEN IN PART T(a)	
;	= 1 throuse	usin a Dubite	melliters		
	190. DATE OF OPERATION 196	CONDITION FOR WHICH OPERATION WAS PE		20b IF YES, WERE FINDINGS CI CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
	OL ACE DENT MAC MADER VI		YES NO		
1	210. ACC DENT WAS UNDERLY!! ☐ OR CONTRIBUTING ☐ CAUSE OF DEA	TH HOUR A.M. Month Doy Year	21c. HOW INJURY OCCURRED (E	nter nature of injury in Part 1 or Part 2, I	Item 18)
1	OR CONTRIBUTING CAUSE OF DEA (If either, notify medical examined 21d. INJURY OCCURRED 21e.	ner) P.M. 1 PLACE OF INJURY (AT HOME, FARM, STREET FA		No City or Town	County State
ı	While Not while at wark of wark	OFFICE BUILDING, ETC	11) totalion sileer of K.i.D.	no city di Towii	CORALLA
ı	22a I certify that (th	is haspital) attended the deceas	ed fram 1-9 19	69 to 1-17- 19	69 that (we) last
ı	saw the deceased a	live an <u>1-1.7-</u> e,♥) (we) (did ■)) view the	9 69, and that in ((aur) (9_69, ta	te and havr and fram the
	22b SIGNATURE	e, (4) (we) (ass) (ald (ass) view the	bady after death.	1 22-1	DATE SIGNED
ı	Leun os	- moane	DEGREE PHYS	MED STAFF I	-17-67
	224 PHYSICIAN S		220 ADDDECC		
	NAME (Type) LAWA	ENCE F. MISANI	1C 7620 You	rk Road, Towson,	Md. 21204
23	Buria, CREMATION 23b.		CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
- 7	b REMOVA (Specify) 1;	₹2 ¥\$ 21/69 Bal ADDRESS	to. National	Balto., Md.	
ľ	C. F. EVANS	S SON 8802 Harf	ord Road	BY REGISTRAR S 25b REGISTRAR S	as Junger



_ 1							NENT OF HEA				
1		00582	DIVISION OF	VITAL RECORDS,				RE, MARYI	AND 21201	39578	
					LEKTIFI	CATE OF					
illed in by the funeral papers. Pages 1 and 2 nin 72 havrs after death.		CEASED NAME First ype or pnnt)		Middle	m1	Lost		DATE OF DEA	ATH Manths Dos		b. HOUR
de de		Gustav		nmi	The		, Sr.			+ 09/3	. P. M
	3 SE		4. RACE	1. 2 4		S. DATE OF B		6	AGE (n years ast highery)	IF UNDER 1 YEAR IF JIN MONTHS DAYS HOUR	DER 24 HRS
	7 0	Male		hite	l a		2/96		IKS.		
	(aun	IRTHPLACE (Stote or foreign	7b CITIZEN OF W	HAT COUNTRY?		NEVER MA	KKIEUL	DUNTY OF DE			
	ļ.,	Germany	USA		WIDOWE				re Cour		Md.
19	Ra	ITY OR TOWN OF DEATH ndallstown,	Md. give	NAME OF HOSPITAL OR IN	o Co	Gen I	HOSP Ret	CUPATION (Ki working life ced C	nd of work done, even if retired)	12b. KIND OF BUSIN INDUSTRY COMETING	
6	13o.	JSUAL RESIDENCE (Where deceos	and the off of the only.	A D	13c, CITY (13d INSIDE CITY LIM TS?				
1	dulla	Md.	JOS. COUNTY	Balto.	Gamb	er	YES NO X	Nine	r Road		
	14 F	ATHER S NAME First	Middle	Last		15 MOTHERS N	MAIDEN NAME First		Middle	Lo	st
		George		Theob			1	ınknowr			
	16g.	WAS DECEASED EVER IN J.S. ARA	NED FORCES? for or dates of service)	16b. SOCIAL SECURITY		. INFORMANT	_		Address		
		es no, or unknown) (1 yes give w		219-32-29	79 II	Sei	bert, Ba	ilto.	Co. Ger		
		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE)	y ane cause per l	ine far (a) (b), and (c))				_	APPROXIMATE IN BETWEEN ONSET AN	
		IMMEDIA	TE CAUSE (a)	CARCIN	10M	4 0 =	THE E	SOPH	AGUS	UNDETE	PHINES
		150x	DUE TO, OR	AS A CONSEQUENCE OF						1	
		Conditions, if any, which gave inse to immediate couse (a),	(D)								
		stating the underlying cause	DUE TO, OR	AS A CONSEQUENCE OF							
		last.	(c)								
	Ш	PART 2 OTHER SIGNIFICANT COM	DITIONS CONTRIB	UTING TO DEATH BUT N	OT RELATED	TO THE TERMINA	AL DISEASE OR COND	TION GIVEN IN	PART 1(a)		
	No					1 :- :-					
V	CERTIFICATION	19a DATE OF OPERATION 19b	LONDITION FOR WI	HICH OPERATION WAS PE	RFORMED	20a. AUT		CAUSES OF		ONSIDERED IN CERTIFY	ING
Λ	RT	ACC DENT MAC HADEDI VIA	C [6:1 7:110.	or and allow	101	YES _					
		21 a. ACC DENT WAS UNDERLYIN □ DR CONTRIBUTING □ CAUSE OF DEAT	HOUR A.M.		216	BUW INJURT UC	CCURRED (Enter not	ore or injusty in	TYON LOT POST 2,	Revit (8.)	
	MEDICAL	(f either, natify medical exomi	ner) P.M.	AAT HOME CADM STOCET CA		LOCATION C	DEC N		7	for a training	Sheke:
		at wark at wark		(AT HOME, FARM, STREET, FAI OFF CE BUILDING, ETC				City or		County	State
		22g certify that (1) (th	is hospital) att	tended the deceas	ed from_		, 19	, to	, 19	, that (I)	(we) lost
		saw the deceased a causes stated obove	ve an	\	9, a	nd that in (n	ny) (our) apinioi	deoth occ	urred on the do	ote ond hour and	from the
		22b Signature	, (r) (we) (aid	J (ala not) view the	pody arre	rueam				DATE SIGNED	
		ALL DIGINATURE	16, 1	1 11.	d. DE	GREE PHYS.	ING MED.	00 5	TAFF 🔀 /.	- 4-10	
		22d. PHYSICIAN S /) (1 /00	0. 00	22e AD		OK P	nto. A-34 /	, /	
		NAME (Type) JOEL	A. 1	1ALHBRIG	0,14,		ALTIMORE	COUN	TT GENET	PAL HISPI	TAL
	23a	BURIAL, CREMATION, 23b.	DATE	23c NAME OF	CEMETERY C	R CREMATORY	23	d. LOCATION (City or Town)	(County) (St	ote)
		REMOVAL (Specify)	n. 7, 19	Moodla ADDRESS	WIT		· ·	loodlar	d Balto	SIGNATURE	
		FUNERAL DIRECTOR					1	GISTRAR	2Sb REGISTRAR S	SIGNATURE	
3	L	oring Byers 87	28 Liber	ty Road 21	133		DATEAN 8	1920	Ochen	Ja 0	



MARYLAND STATE DEPARTMENT OF HEALTH

P 1 -	1						DEPARTMENT OF				
		00584		DIAI210N C	OF VITAL RECOR		RESTON STREET, BALL	IMORE, MA	RYLAND 21201	98580	
	1 01		-		0.0 1.0	CEKIIFI	CATE OF DEATH	In nate of		20251	
4 haurs after death. I in by the funeral seps. Pages I and 2		CEASED NAME (pe or print)	First Fan	ny	Middle C.		Thomas	2o. DATE O	January 12	1969	2,00
fun fun fer o	3. SE	(4. RACE			S. DATE OF BIRTH		6. AGE (In years	IF UNOER 1 YEAR	IF UNDER 24 HRS.
s aft the toges		female		W	hite		April 18,		lost birthdoy) YRS	MCRITHS GAYS	HOURS MIN
yd r	7a, B	RTHPLACE (State or fo Mussia ?	ere gn		WHAT COUNTRY?		NEVER MARRIED	9. COUNTY O			
24 l	_	•		U.S		WIDOWED			ltimore	-1	Md
d within 24 hauer deeply the d in b or bon papers:		ty or town of deat Catonsvill		ge	NAME OF HOSPITA, O ve street address) SPRING GR		E HOSP. during m	occupation of working use MITE	N (Kind of work dane life, even if retired)	126 KIND OF I INDUSTRY	BUSINESS OR
7 = +·		USUAL RESIDENCE (Who		d lived, if insti		Ox on	R TOWN 13d INSIDE CITY	LIMITS? 13e. S	TREET AND NUMBER)ri ve	
execution cample remayer any even	14. F.	ATHER S NAME FI	rst	Middle	10:	s†	S. MOTHER'S MAIDEN NAME		Middle	1176	Lost
be ex		Ве	enjami	in	Corbet	toff		Eva			
ertificate b physician en please oval, and i		WAS DECEASED EVER II	N U.S. ARMI	ED FORCES? or or dates of service)	166. SOCIAL SECUR	1	INFORMANT		Address		
rtific shys en p					220-03-1		cords: SPRIN	G GROV	E STATE HOS		
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	ALE DEPARTMENT OF HEALTH
	W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	2. DATE AND HOUR OF DEATH
& - 5 Crnest There	1, 14 / 69 M.
TO THE ST THE PROPORTION OF DEAD	4. USUAL RESIDENCE (Where deceased lived, It institution: residence before admission) A. STATE B. COUNTY
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& Self-imployed Baker	Frankfart Strmany USA
E STATHER'S NAME	14. MOTHER'S MAIDEN NAME
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5. Wes Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
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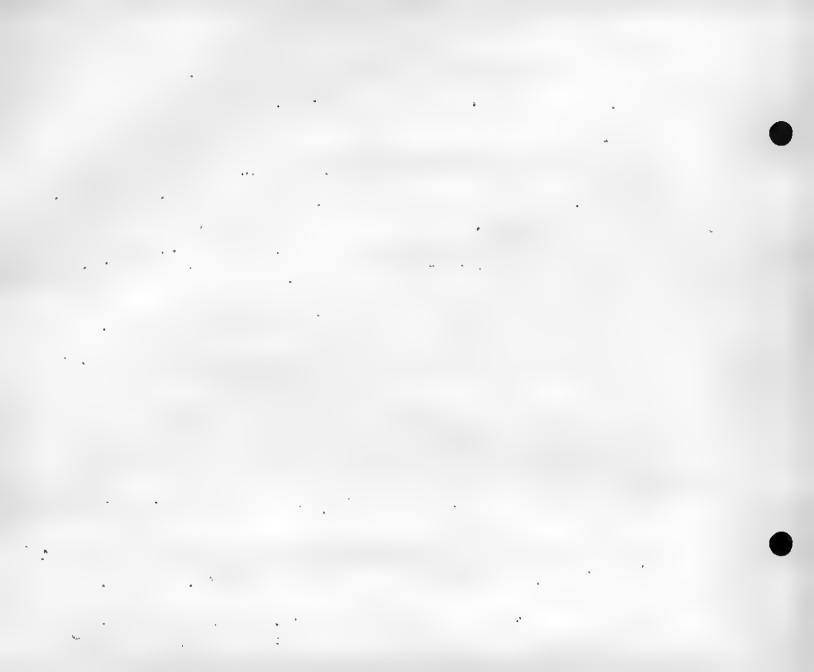
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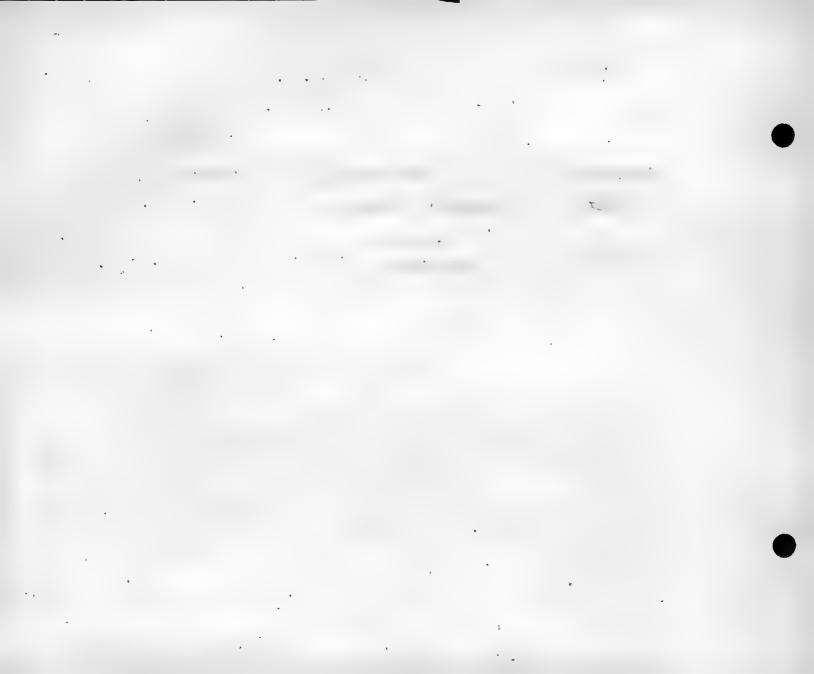
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30M REV (68	15	- FUNERAL DIRECTOR Son, INC 9610 Revolution Road 250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNAL DATE JAN 13 1969 June 1969	so Juoges



	1	MAKILANU SIAIE DEPAKIMENI UP HEALIH	
		00594 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	
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be exe remodinony	14.	FATHERS NAME First Middle Lost 15, MOTHERS MAIDEN NAME First Middle Lost ARERS	
errificate be physican ophysican phospicate on please	160	WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (11 yes groye war o) dates of service) 242-1657-10 TERS. Holles Underwiced-Sy kessully	2
D HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be exectly be set any be retained by the hospital or ottending physician. FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and condirector, page 3 should be detached for use as the buriol-transit permit. Then please remoshould be filled with the State Dept. of Health prior to buriol, cremation, or removal, and in any		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave use to immediate cause (a). (b) PART I. DEATH WAS CAUSED BY: CONDITION OF AS A CONSEQUENCE OF	Н
aquires that physicion. signed by t buriol-trans		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF (c)	
r requi	2	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a)	
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ital or tificate of Healt	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M Month Day Yeor (If either, notify medical examiner) P.M. 19	
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OR AI be reta DIRECTO		22b SIGNATURE O CLASSIFICATION DEGREE PHYS DIRECTOR PHYS DIRECTOR 1/4/69-	
TO HOSPITAL Poge 4 moy TO FUNERAL I Sdirector, pog should be fil		22d. PHYS CHAN'S NAME (Type) of a low of Show my many some some some some some some some some	E?
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X	-	1059. DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	3591
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oges/	3. 5	EX 4. RACE 5. GATE OF BIRTH 6. AGE (n years F.JH)	IDER I YEAR IF UNDER 24 HRS
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	13a.	SITAL RESIDENCE (Where deceased lived a protect on Residence before 132 CTV OF TOWN 124 INSIDE CTV 1 M TS2 120 CTD CCT AND ALTERED	
	odm	ission) STATE Md 13b COUNTY BA/TO CATOUSVILLE YES NOW 26 Newburg AV	remue
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	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address (PS. DO. Oxfunknown) (If yes give wor or dailes of service)	1 11 4
		(18 yes give war or dates of service) MARY A. UPHAN 106 N. BEECH	word the 28
		1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I DEATH WAS CAUSED BY PNEUMON, A LEFTLOWER LOBE	
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		Conditions, if any which gave (b) DECUBITI ULCERS	
		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF c	
		lost (c) 14 5 C (c'1);	
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
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χ	E.	CALISES OF DEATHS	ERED IN CERTIFYING
1	CERTIFICATION	YES NO CHOSES OF DEATHY 21a ACCIDENT WAS UNDERLYING 21b, TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1	in i
		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Day Year	1R }
	MEDICAL	(If either, natify medical examiner) P.M. 19 21d INJURY OCCURRED 21e, PLACE OF INJURY (AT HOME FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town Cou	unty State
		21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No City or Town Countries of work of work	unity State
		220. I certify that (I) (this hospital) attended the deceased from 7/4 1962, to 1966	7, that (I) (we) last
		sow the deceased alive on 110 1967 and that in (my) (our) apinion death argured on the date or	nd hour and from the
	П	couses stoted above, (I) (we) (did not) view the body ofter death.	
		226 SIGNATURE ATTENDING MED STAFF 226 DATE S	/ -
		THE THE PHYS DIRECTOR PHYS 1// C	2/69
1		PHYSICIANS NAME (Type) F FASA: T'S MID 22e. ADDRESS 1801 FREDE DE CELL 1	12.1
	22	DIDNA CONTACT ON 1991 DATE 1992 ANNI OF CONTACTOR OF CONT	222
	230	BURIAL CREMATON, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Col BATE)	(State)
		FUNERAL DIRECTOR 250 REGISTRAR SIGNA	, ,
	8	Simble Will 301 trederick by	and Joseph no



1 4/	CERTIFICATE OF DEATH MARYLAND STATE DEPARTMENT OF HEALTH 2/3/39 kk 7 0 5 USION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, CERTIFICATE OF DEATH	MARYLAND 21201 00592
funeral ond 2		TE OF DEATH 4/69 Month Doy Yeor 2b, HOUR
24 hours after deoth 29 hours after deoth 19 js. Pages I and 72 hours after deoth	Female 4 RACE White 5 DATE OF BIRTH 20 Oct. 40, 1889	1,00
24 hou	Baltimore, Md. USA WIDOWED DIVORCED Balt	Y OF DEATH timore County, Md
ell within	Baltimore County 5 The Park Northdale Rd. during most of worl	TION (Kind of work done king life, even if retired) 12b KIND OF BUSINESS OR INDUSTRY
e executed ond compler remove cal	misson] Maryland 13b. COUNTY YES NO IN	street and Number Northdale Rd.
ote be exection on a continuous	FATHERS NAME First M.ddle Lost IS MOTHERS MA DEN NAME First Harry Levy (Late) Mary Dorse	(Late)
th certificate b ding physicion . Then please removol, and i	WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. Huknown) [f yes give wor or detes of service] John H. Varnhor	m-51/M' Northdale Rd.
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IAN: The law re tal or attending fincate has been for use as the If Health prior to b	YES NO CA 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED. (Enter notice of	bb. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING AUSES OF DEATH?
OR ATTENDING be retained by th DIRECTOR: After the ge 3 shauld be de ed with the State	OR CONTR BUTING CAUSE DE DEATH HOUR A M Month Doy Year 19	City or Town County Stote 19 (19 that (1) (we) last the accurred on the date and haur and fram the Charles STAFF PHYS DATE SIGNED
TO HOSPITAL Poge 4 moy TO FUNERAL I director, pag should be fill	Buria_ (REMATION, REMOVA_ (Spec ly) Buria_ (REMATION, REMOVA_ (Spec ly) Buria_ (All Director (Control of Control of Con	0.004 0 0
	DAYAN	1969 Petronlas Judge.



16.	1	MARILAND STATE DEPARTMENT OF HEALTH
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
•		CERTIFICATE OF DEATH
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er death.	{	Type or print) BERD E 4. Pariche . Volable Constant Month Day / 2 Year 69 8 35 M
E Tue	3. Si	A RACE 4. / S DATE OF BIRTH 6. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS
s offer 15		Female White 4.29.1895 last birthday) YRS MONTHS DAYS HOURS MAN.
by by Bars	70	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
in lars. 2 ho		WIDOWED DIVORCED Baltimore County, Md.
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ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death estained by the haspital ar attending physician. CTOR: After this certificate has been signed by the attending physician and completely filled in by Affe Funeral should be detached for use as the butial-transit permit. Then please remave carban papers. Pagesse and Swith the State Dept. of Health prior to burial, cremation, or remaval, and in any event, within 72 habs after death	1	Mount Wilson grass tree address) Ison State Hosp during most of working life o
P P P T	13a.	USUAL RESIDENCE, (Where, deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER
	odm	issian) STATE Md. 136 COUNTY Montgomery Silver Shires NO 19705 Suther land Rd.
	14	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
in de		WILLIAM SARTAIN JULIA 4. WATTS
ficate be ysician c please al, and in		WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT 40 . 01 He . 10 9705 SQ Address - C. C. 2011
ertific physi ten p aval,		(es, nopor/inknown) (If yes give wor or dures of service) 5 78-18-5876 Recorded With Withsom States Hospital Md.
cer The pm		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BITWEEN DATE AND OFATH
ne death cei affending p permit. The		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) For advanced believes any table culotic 39 years
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the the ratio		Conditions, if ony, which gave
hat n. ny t ans		rise to immediate cause (a), (b) DUE TO, OR AS A CONSEQUENCE OF
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equires that thy physician. signed by the burial-transit burial, cremal		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
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lay endi	18	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
by the haspital ar attending physician. by the haspital ar attending physician. ther this certificate has been signed by be detached for use as the burial-trastate Dept. of Health priar ta burial, cre	CERTIFICATION	YES NO CAUSES OF DEATH?
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語語者	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 19
HYS has s ce sche spt.	×	21d. INSURY OCCURRED While Not while 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State County State St
5 PHYSIC the haspii this certi detached e Dept. at		at work
by frer be start		220. I certify that (I) (this hospital) attended the deceased from 5.6., 19.65, to 1.2., 19.64, that (I) (we) last
END ed S: A		220. I certify that (I) (this hospital) attended the deceased from 5.6., 19.65, to 1.12., 19.64, that (I) (we) last saw the deceased above on 1.12., 19.64, and that in (my) (aur) opinion death occurred on the date and haur and from the causes stated above, (I) (we) (did) (did nat) view the body after death.
1 to 1 to 1 to 1 to 1 to 1 to 1 to 1 to	ı	226 SIGNATURE 9 22c, DATE SIGNED
OR ATTENI be retained DIRECTOR: A ge 3 should led with the	ı	DEGREE PHYS. DIRECTOR STAFF DI 1.12.1969
AL C	L	22d PHYSICIAN'S 22e. ADDRESS
ERA ERA Joe p	Ι.	PHYSICIAN'S William Newcomer, M.D. 22e. ADDRESS Mount Wilson, Maryland
Page 4 may be retained by the haspital ar attending physician. 10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and Employely filled in by director, page 3 shauld be detached for use as the burial-transit permit. Then please requave carban papers. Perhauld be filled with the State Dept. af Health priar ta burial, crematian, or remayal, and in any event, within 72 hab.	23e	BURIAL (REMATION 23b DATE 23c NAME OF CEMETERY OR (REMATORY 23d LOCATION (City or Town) (County) (Stote)
5 5 5 £ 2		rremoval (Specify) 1-16-1069 2 Scto of Jerve · Coretery Sil. Sor., Continency Id.
VR A15 (0)		FUNERAL DIRECTOR ADDRESS : Sn - ALL 250 RECD BY REGISTRAR 256 REGISTRAR'S SIGNATURE
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00594 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00598 DECEASED NAME Middle 2n DATE OF DEATH 2h HOUR within 24 haurs after death. burial-tramsit permit. Then please remove carban papers. Pages 1 offde. burial, crematian, ar remaval, and in any event, within 72 haurs after death JAN Month 19 Day (Type or print) 1910069 ore CASTER 3. SEX 4 RACE S. DATE OF BIRTH ETINDER 1 YEAR IF UNDER 24 HRS 6. AGE (In veors last birthdoy) MONTHS DAYS HOURS MALE 114110 EBUARY 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED filled in country) WIDOWED [7] DIVORCED [TOWGON. IG. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) DULANEY - TOWN ON NEST during most of working life, even if refired) INDUSTRY tompletely 6LUSON HONT-11/1/85 RD - 21204 CPA 13a USUAL RESIDENCE (Where deceased lived / if institution: Residence before 113c, CITY OR TOWN 13e STREET AND NUMBER emocuted admission) STATE 13b/COUNTY BALTIMORE 14 FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Middle WILLAM 0 physician requires that the death certificate 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address 212-03-1958A Mrs. M. Elizabeth Schumann, 5604 Anthony Ave Yes, no, or unknown) \ (II yes give wor or dates of service) MINKNOWS APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per-lige for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CE Conditions, if any, which gave t rise to immediate couse (a). signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) been prior ta b Page 4 may be retained by the haspital or attending as the 19a DATE OF OPERATION 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? has CAUSES OF DEATH? YES 🗌 af for use NO | this certificate 21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED State City or Town County While Nat while at work After 10 / 7 220. I certify that (I) (this hospital) attended the deceased from... 7 . that (1) (we)-last 19 Gand that in (my) (our) opinion death occurred on the date and hour and from the sow the deceased alive on 4 director, page 3 shauld should be filed with the FUNERAL DIRECTOR: couses stated above, (I) (we) (did) (did not) view the body after death ATTENDING MED. DIRECTOR DEGREE PHYS PHYSICIAN'S 22d. NAME (Type) Charles H. Reier, M.D. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g BURIAL CREMATION. 23b DATE (County) (Stote) PEMORY A Agrecity) Jan. 22, 1969 Parkwood Cemetery Parkville, Maryland 24 FUNERAL DIRECTOR WITE COOKS 1050 York Road Towson, Maryland 21204 DANAN 25a REC'D BY REGISTRAR Towson, VR A 1969 30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01535 FOR STATE 2059J MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME HEALTH DEPT First Middle 20 DATE KNOWN Yeor delay n. nd 3 ta Page (Type or Print) JOSEPH FRANK WATERTIIS DEATH MATED IF UNDER 1 YEAR IF JMDER 24 HRS 3 SEX 4 RACE S DATE OF BIRTH 6. AGE (In years 2c DATE PRONOUNCED DEAD Jan. 16, 1916 Male White Wahuary 19, 1969 7o. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED WEVER MARRIED 9 COUNTY OF DEATH and with farm could nnesota USA WIDOWED [7] DIVORCED [Pages Baltimore he State 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 120 JS_AL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR duting most of working life, even if retired) 2231 Wid Eastern Ave. Paint Contract Middle River 21200 Give 130 JSUAL RESIDENCE (Where deceased lived if institution Residence before 13c CITY OR FOWN 3d INSIDE CITY LIMITS? 13e STREET AND NUMBER odm ssion) STATINATVland 13b. COUNTY Baltimore Middle River YES | NO X a 2231 Old Eastern Ave. hours 9 afte 14 FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME ward "pending" in pencil in the Chief Medical Examiner's pages haurs 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (Yes, no, or unknown) 125726 Ellen Walerius Same Yes File APPROXIMATE INTERVAL within be executed 18. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and ket BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY IMMCDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if only, which gave nse to immediate couse (a), certificate shauld writing the ward any DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse ⊆ shauld be forwarded to and PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE OR CONDITION GIVEN IN PART 1(6) 0 removal CERTIFICATION used 190 DATE OF OPERATION 19b. CONDITION FOR WHI 20 AUTOPSY? WAS PERFORMED? the certificate. YES 🔲 NO 🗍 210 EXTERNAL CAUSE WAS 215. TIME OF INJURY Month Day Year 215-HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) b shauld MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. crematian. CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE NOT WHILE T 22a. I certify that I taak charge of the remains described above, held an Autapsy Inspection | Inquiry and in my apinian death resulted fram-Natural causes . Accident ... Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED the funeral ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAM NER may MelvinB. Davis, M.D. 6800 Mornington Rdy ee Dundalk out Md. NAME (Type) SOI 23c NAME OF CEMETERY OR CREMATORY 230 BUR AL CREMATION DATE 23d LOCATION (City or Town) Bu PENOVAL (Specify) Holly Hill Memorial Gardens Baltimore Co. Md. **ADDRESS** 25o REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15ME (5) TOM REV, 1/68



14.	MARTLAND STATE DEPARTMENT OF REALIT	
12	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYI	AND 21201
9	CERTIFICATE OF DEATH	50596
	FASED-NAME First Middle Lost 20. DATE OF DE	ATH 2b HOUR
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for the fer th	4 RACE S DATE OF BIRTH	AGE (In years IF LINDER YEAR IF LINDER 24 HRS MONTHS DAYS HOURS MIN
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vija Wiji	realand otter Rd. Labort	r Ochool.
d state y	ISUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 1830 CITY LIMITS? 13e STREE	T AND NUMBER
d se de	STATE / 13b, COUNTY / TIMOYE From / YES NO X	TTON Rd
5 of 7		Mudle d
	THER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First	Migdle Lost
n on din din	Unaries F. Wagner Daisy Dr	od beck.
1 5 E	WAS DECEASED EVER IN 0.5. ARMED FORCES? S TO STATE DECEASED (If yes give wor or dotes of service)	Address 0 / Va
\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	s, no prolipown) (If yes give wor of dates of service) 260 099428 (Control Links)	INSTEMELLAND ING.
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. DECEASED-NAME First Middle Last 2a DATE KNOWDED Month Yeor delay 1. vnd 3 to Page (Type or Print) ESTI-CLYDE WALTERS. SR. Jan. 12.1919 5 DEATH MATED IF UNDER 1 YEAR ment S DATE OF BIRTH 6. AGE (In years IF JMDER 24 HRS 2c. DATE PRONOUNCED DEAD 4 RACE 2d HOUR 3 SEX P.M.3. F Jan. 2, 1914 Jan. 12. 1969 Mala White YRS 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) N. C. Baltimore USA WIDOWED [DIVORCED [11 NAME OF HOSPITAL OR INSTITUTION (If not in hospito 12a USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR please execute the certificate, writing the ward "pending" in pendi in Hem 19 Give No I director. Page I shauld be farwarded to the Chief Medical Examiner's Office plagarying during most of working life even if retired) Meller Co. 9742 Matzon Road Middle River 21220 13a USJAL RESIDENCE (Where deceased ived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER Middle River YES NOW 9742 Matzon Rd. admission) STATE Md. 13b. COUNRAL timore and 2 after 15. MOTHER S MAIDEN NAME First 14. FATHER'S NAME Middle Last Middle Callie Benfield George Walters haurs pages 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (Yer no or unknown) 237 09 6934 Barbara Walters Same File 27 APPROXIMATE INTERVAL within 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b); or be executed BETWEEN DISSET AND DEATH permit. PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditions, if any, which gave rise to immediate cause (a). This certificate should any DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause _ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 0 ar removal, CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20. AUTOPSY MAS DESCORMEDS YES I 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21g. EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 3 should HOUR A M. MEDICAL PRIMARY OR CONTRIBUTING crematian, CALLSE OF DEATH 21e PLACE OF INJURY (At home, form, street, factory, office building, etc.) 21f LOCATION Street or R.F.D. Na. County State 21d INJURY OCCURRED City or Tawn WHILE NOT WHILE I 22a | certify that I taak charge of the remains described above, held an Autopsy Inquirý 🔼 Inspection / and in my opinion Accident . Suicide . Homicide Undetermined monner death resulted from: Natural couses. CHIEF MEDICAL EXAMINER ACTUAL 226. DATE SIGNED ASS STANT MEDICAL EXAMINER. SIGNATURE DEPUTY MEDICAL EXAMINERS **EXAMINER'S** 5 may TO FUNE Health 3427 Dundalike Ave. Dondaliky Md. 21222 NAME (Type Theodore Patterson, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATION, (Caunty) 23b DATE Holly Hill Memorial Gardens Baltimore Co., Md. 1/15/69 24 FUNDAM DIRECTOR 25b REGISTRAP S SIGNATUR Bruzdzinski Funeral Home/1407 Eastern Ave.

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTHOOSE, MARYHAND 21201 CERTIFICATE OF DEATH LOCARSDAMBE FIRST LEONARD CARL WASSMANN LEONARD CARL WASSMANN LEONARD CARL LEONARD CARL LEONARD CARL LEONARD LEO
LEONARD CARL WASSMANN S. DATE OF BIRTH TO SIX HOURS 24 HBS MARRIED NAME OF HOSPITAL OR INSTITUTION (If not in hospital of work into his, even if retired) TO CITY OR TOWN OF DEATH TOWSON GR. BALTO MED. CENTER TOWSON GR. BALTO MED. CENTER TOWSON BALTIMORE MARRIED NEVER MARRIED TOWSON GR. BALTO MED. CENTER TOWSON BALTIMORE Modile LOSI WASSMAN ANNA FERBER 166. WAS SMAN ANNA FERBER 166. SOCIAL SECURITY NO. 17. INFORMANT Address FUNDER 1782 MR. Months ANNA FERBER ANNA FERBER
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226. SIGNATURE MED. STAFF DEGREE PHYS DIRECTOR PHYS. 22c. DATE SIGNED 1-3-69
M. N. Al Mumay or DEGREE PHYS DIRECTOR DIRECTOR 11-3-69
22d PHYSICIAN S 220 ANDRESS
THE COUNTY
NAME (Type) DR. M. N. AL MUMAYEZ GBMC, 6701 N. CHARLES ST., BALTO.
230 BURIAL, CREMATION, 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCAT ON ("Ity or Town) (County) (Stote)
236 BURIAL (REMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCAT ON ("Hy or Town) (County) (Stote) Entomoment 1-6-69 Dulaney Valley Timonium Balto. Md.
24. FUNERAL DIRECTOR ADDRESS
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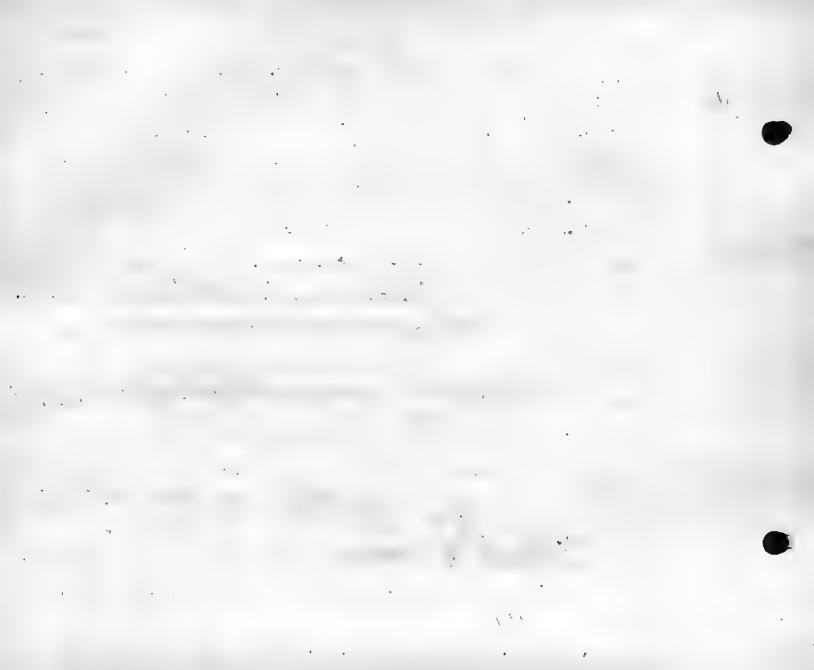
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	MARYLAND STATE DEPARTMENT OF HEALTH	
1 ,	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	
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requires that the death certificate be executed within 24 hours after death a physician. I signed by the attending physician and completely filled in pyring of a purial by the attending physician and completely filled in pyring of a principle burial, crematian, or remayal, and in any event, within 72 haps after death oburial, crematian, or remayal, and in any event, within 72 haps after death	Harth B. W. C.	L:03m
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	216 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year 19. OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year 19.	
	21d. INJURY OCCURRED 21e. PLACE OF INJURY OFFICE BUILDING ETC 21f. LOCATION Street or R.F.D. No. City of Town County	Stote
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iiw Dai	22b. SIGNATURE DEGREE PHYS ATTENDING MED DIRECTOR STAFF PHYS. C 22c. DATE SIGNED 7/6	9
ld be f	22d. PHYSKIAN'S NAME (Type) Dr. Frank T. Kasik, Jr. 22e ADDRESS 9005 Harford Rd., Balto. Md.	
director, page 3 shauld be defacted for use as the shauld be filed with the State Dept. of Health prior to	BURIAL CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY Baltimore Maryland (County) (Stot Burial Action County) (Stot Baltimore Maryland)	(6)
	FUNERAL DIRECTOR ADDRESS Bonard J. Ruck Inc. 5305 Harford Road 21214 AN 28 1969 Clearles Judge.	



	ı	MARYLAND STATE DEPARTMENT OF HEALTH OG S U U DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
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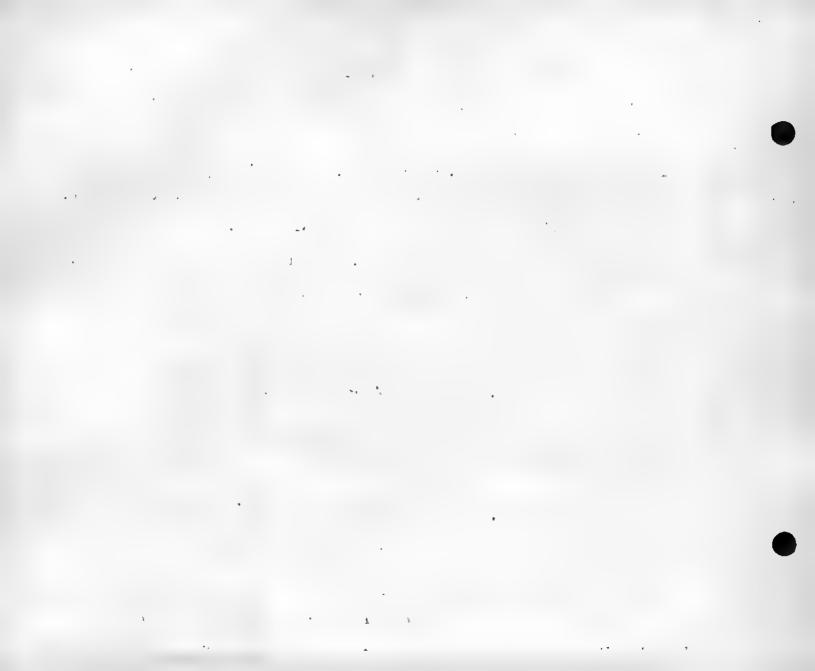




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This certificate should be executed within 24 hours ofter death icote, writing the word "pending" in pencil in Hem 18. Give Page be forwarded to the Chief Medical Examiner's office along with 1 be used as a buriof-transit permit. File pages Wind 2 with the Stabr removal, and in any event within 72 hours ofter death.		18 CAUSE OF PART 1. D	EATH WAS CAUS	rily one cause per IFF ED BY. IATE CAUSE (o)	ie for (0), (0) and (0	17776	ma ot	Chu	174	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH TURES
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SP1 4 n VER Id b		NAME (Type) Willia	mA. P	illsbury, M	D			d., Timoniu		2109	3
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				MARYLAND STATE DEPARIMENT OF HEALTH
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	F. F. Con		230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 1-22-69 M.V. AIBURN BALTIMORE, MARYLAND
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	VR A151	The		FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE
	VR A15 -	68_	0	HARES A. RICE 661 W. BARRE ST. DATE JAN 21 1969, Echania Jugas



1,		L-8-69 ame DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	TOO IN										
FOR STATE	1	MEDICAL EXAMINER'S CERTIFICATE OF DEATH											
HEALTH DEPT.		DECEASED-NAME First Middle Lost 20 DATE KNOWN Month D	Day Year 2b HOUR										
2 3 8 A		(Type or Pnot) ALBERT W. WHITESIDE OF EST. DEATH MATED 🖾 1	2 1969										
5 m 2 m 6	3	SEX 4 RACE S DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD	2d HQUR										
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	MARYLAND STATE DEPARTMENT OF HEALTH												
1	O 6 1 2 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH												
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requires that the death certificate be executed within 24 hours after deoth g physician. I signed by the ottending physician and completely filled in by the funeral a burial-transit permit. Then please remove carbon papers—Pages 1 and 2 o burial, cremation, or removal, and in any event, within 72 hours after deoth.		18 CAUSE OF DEATH (Enter only one col PART I DEATH WAS CAUSED BY !MMEDIATE CAUSE	6420-00	OVASCULAR	THROMBOSI.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2
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ICIAN: pitol ar tificate of for y	MEDICAL CER		TIME OF INJURY UR A.M. Manth Day Year P.M. 19		ster noture of injury in Part 1 or Port	2, Item 18)
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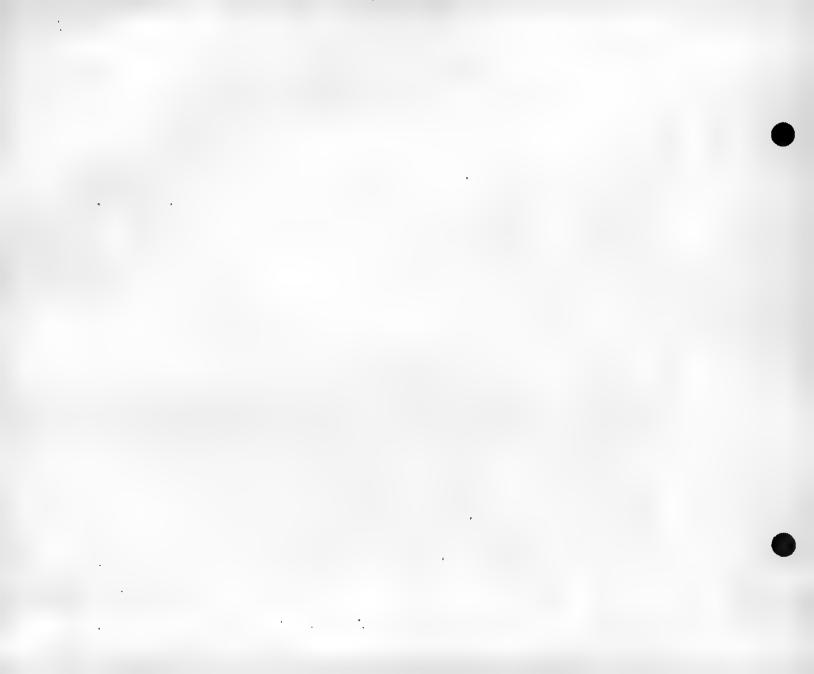


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triplete ve carb	13o odm	o USUAL RESIDENCE (Where deceased week, if institution: Residence before list CITY OR TOWN mission) STATE Md. USb. COUNTY — Balto 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 2712 Northern Pkwy	7
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rtificate physicio sn plea ivol, an	160.	So. WAS DECEASED EVER IN L.S. ARMED FORCES? Yes, no gunknown) (1 yes give wor or dotes of service) 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Mr. Henry Williams Frostburg, Md.	
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후 후 후 교호	MEDICAL CERT	HOUR A.M. Month Doy Year Ill either, notify medical examiner) HOUR A.M. Month Doy Year P.M.	
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	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached far use as the burial-transit permit. Then plesse temove carban papers—Pages 1 and 2 ith the State Dept. at Health priar to burial, cremation, or removal, and in any event, within 72 hours after death.		WAS DECEASED EVER IN U.S. ARMEE es, ng, or unknown) (If yes give work	or dates of service) 16b SOCIAL SECURITY 216 07 59			riottsville Rd
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1DA	Yes no, or unknown) [If yes give wor or dotes of service) 220—LLL—6737 Mrs Anna A Schafer Same	
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	21d INJURY OCC. RRED While Not while of work o	y State
with the State Dept, of Health prior to	22a. I certify that (I) (this hospital) attended the deceased from 1-15, 19, ta 1-3826, 19, 09 saw the deceased alive an 1-38, 26, 1909, and that in (my) (our) apinion death occurred on the date and causes stated abave, (I) (we) (did) (did nat) view the bady after death.	, that (I) (we) lost haur and from the
director, page 3 should be filed with the	22b. SIGNATURE ATTENDING MED STAFF 22c. DATE SIG	
should be filed v	DEGREE PHYS DIRECTOR PHYS. L. Jem	- 26, 1969
De	22d. PHYSICIANS NAME (Type) Beatriz P. Dizon 22e. ADDRESS 7620 York Rd. Towson, Md. 21	204
0/	230 BUR AI (REMATION, BURNAL PERIOR) 1/29/69 23c NAME OF CEMETERY OR (REMATORY BURNAL PERIOR) 1/29/69 1/29/69 1/29/69 1/29/69 1/29/69 1/29/69 1/29/69 1/29/69 1/29/69 1/29/69 1/29/69 1/29/69 1/29/69	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00616 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. I DECEASED NAME First Middle Lost 20. DATE KNOWNIX Month Doy (Type or Print) ESTIany delay is 2, and 3 ta PM3. Page B. ALVIN WOLFE 6 1969 DEATH MATED ent IF UNDER I YEAR 6. AGE (In years last birthday) IF UNDER 24 HRS 3. SEX 4. RACE S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d HOUR HOHRS Month January 8-5-1919 ma1e white 49YRS 19 69 7o BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? MARRIED | NEVER MARRIED | 9 COUNTY OF DEATH Item 18. Give Pages 1, Office along with farm country) Maryland U.S.A. WIDOWED [7] DIVORCED IX Baltimore 9 the Staty 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) Greater Balto. Med. Cntr. EUUIBHENUK OHE PAUKSPred) INDUSTRY Towson haurs after with 130 USUAL RESIDENCE (Where deceosed lived, if institution. Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13 Baltimore odmission STATE nd Phoenix YES NO X Jarrettsville Pike and 2 v after 14 FATHER'S NAME 1S. MOTHER'S MAIDEN NAME Middle Lost John G. Wolfe C. Ray Brown haurs pages pencil In 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** be executed within (Yes, no, or unknown) 216-07-4593 Norman R. Wolfe 5401 Purlington Way 21212 File 72 APPROXIMATE INTERVAL within 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. BETWEEN DISET AND DEATH shauld be farwarded to the Chief Medical "pending" PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Fatty Alteration of Liver event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate couse (a). any This certificate shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .⊆ guo PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1603 В removal used 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? CERTIFICATI WAS PERFORMED? please execute the certificate. YES X NO pe Œ 21o EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Dov. Year 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 shauld HOUR A.M PRIMARY OR CONTRIBUTING crematian, CAL EXAMINER: CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21d. INJURY OCCURRED 21f LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) MINEMAL DIRECTOR: Page WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy X Inspection Inquiry | ond in my opinion Natural couses X deoth resulted from: Accident Suicide Homicide Undetermined monner 5 may be retaine
TO FINEMAL DIFFE
Health priar to I CHIEF MEDICAL EXAMINER ACTUAL 22b, DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 1/7/69 DEPUTY MEDICAL EXAMINER **EXAMINER'S** U. Spitz, Werner NAME (Type) ADDRESS(Street, city, town, or county) 230 BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 1-10-1969 St.John's Lutheran Sweetair, Maryland 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE Wm. Cook-Brooks Towson 1050 York Road 21204 Charley VR A15ME (5) 10M REV 1/68



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requires that the death certificate be executed within 24 h g physician. In signed by the attending physician and completely filled in the burial-transit permit. Then please remave carbon papers a burial, crematian, ar remaval, and in any event, within 72 h	13a adm	USUAL RESIDENCE (Where decease issign) STATE M. Penna	11 / 11 11 1	ce befare 13c CIT	Y OR TOWN 13d INSIDE CITY	13e STREET AND NUME	SER 53 Marietta St.					
be executed and and and and and and and and and an	14	FATHER'S NAME First Edward	Company Controlled Contro	ddle Miller								
equires that the death certificate be physician. signed by the attending physician c burial-transit permit. Then please burial, crematian, ar remaval, and in	lóa	WAS DECEASED EVER IN U.S. ARM 'es, no. or unknown) (If yes give wi	ED FORCES? 16b SOCIAL in or dotes of service)	SECURITY NO								
or cer		18 CAUSE OF DEATH (Enter only one couse per line for (a) (b) and (c)										
leath endii mit. ar r			BY. TE CAUSE (a)	2+27210	sclenoTie CA.	ROLOVASO. DIS	-1720 UYS					
he catt peri		Conditions, if any, which gave	DUE TO, OR AS A CONSEQ	UENCE OF								
hat n. y th ansidema		rise to immediate couse (a),		HENCE OF								
equires the physician. signed by burial-fra		stating the underlying cause last.	(c)	OLIVE OI								
equil phy sign buri buri		PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEA	TH BUT NOT RELAT	D TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)						
law randing been is the riar ta	NOI	CEREBRA		10 Sclen								
The let aften aften has be as the price of t	CERTIFICATION				YES NO	CAUSES OF DEATH?						
PHYSICIAN: The law re the haspital ar attending his certificate has been stached far use as the Dept. af Health priar ta	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAJSE OF DEATH (If either, notify medical examin	HOUR A.M. Month De	cy Year	c. HOW INJURY OCCURRED (Enti	er nature of injury in Part 1 or F	ort 2, Item 18.)					
P etc P D D D D D D D D D D D D D D D D D D		21d INJURY OCCURRED 21e 1 While Not while at work	PLACE OF INJURY (AT HOME, FARA OFFICE BUILDIN	A STREET FACTORY.) 2			,					
DING by th After the be de State		22a. I certify that (I) (the	hospital) attended the	deceased from	JAN 1, 195	4, to JAU 11	_, 19 69 , that (I) (we) lost					
ITEN Ined Ined The		causes stated above.	(I) (we) (did) (did nat) v	iew the bady af	and that in (my) (our) ap ter death.	inion death occurred an t	he date and hour ond from the					
OR ATTENDING be retained by the DIRECTOR: After the 3 shauld be de		22b SIGNATURE 101A	201	* 0		MED STAFF						
AL O yy be L Dii coge filed		22d PHYSICIAN'S	mar &	*4.0		DIRECTOR L PHYS L	1-13-69					
SPIT. 4 mg or, p d be		NAME (Type) Dr. S	. J. Venable		721	5 York Road	21212					
TO HOSPITAL OR ATTENI Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the	23 c					23d LOCATION (City or Town	(County) (State)					
^	24	FUNERAL DIRECTOR				BY REGISTRAR 25b REGIS	TRAR'S SIGNATURE					
VR A15	3/6	tabell-Wiedefe	1d Home 6500	York Rd.	#21212 NIT 381	1 1 6 1000 PE	leaner a landar					

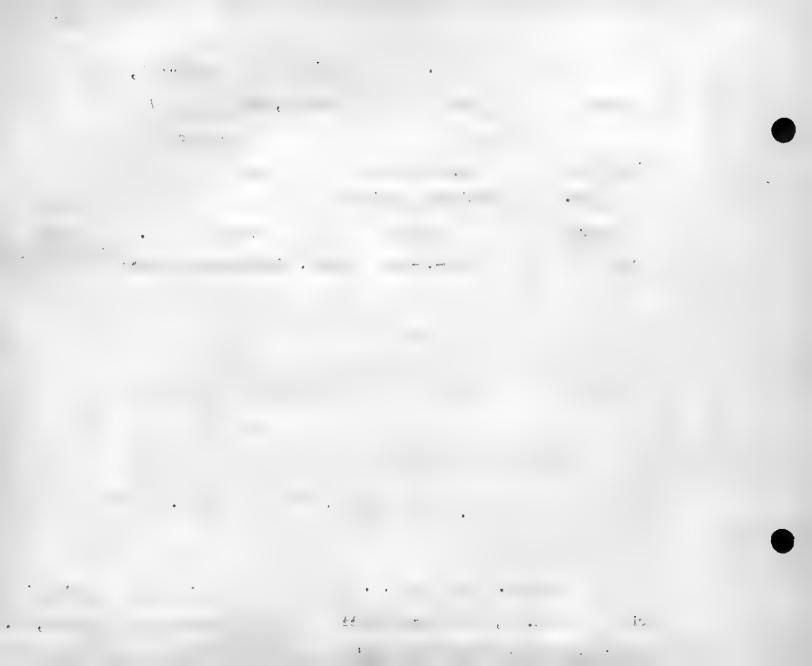




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The lay offending be us to the horior horior	TIFICATIO	19c, DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE			NSIDERED IN CERTIFYING
CIAN: Ital or life or		OR CONTRIBUTING CAUSE OF DEAT	H HOUR A.M. Month Day Year	21c HOW INJURY OCCURRED (Enter	nature of injury in Part 1 of Part 2, 11	em 18.)
PHYSI ne hosp this cert etached Dept. o	WED	21d. IN. JRY OCCURRED 21e. While Not while			City or Town	County State
ATTENDING etoined by the CTOR: After I should be divith the Stote		22a. I certify that (I) (the saw the deceased a causes stated above	live anl	9, and that in (my) (aur) opin bady after death.	ian death accurred on the date	e and haur and fram the
PITAL OR FRAL DIRE or, poge 3			un all	DECKEE PHYS DIE	RECTOR PHYS) -	27-6/
HOS GULGOULG	23 a		DATE 23c NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		Burial 1-	30-1969 Holy 0	Cress Cemetery B		
0.0		FUNERAL DIRECTOR	ADDRESS	2So. REC D BY	REGISTRAR 25b REGISTRAR'S S	GNATURE
45M 1/200	Ge	erge J. Gence,	4001 Ritchie Hgwy	., Baltimere DATEB	3 1969 your	as Judge



7)	Items 5 & 13 Fil	MAKTLAI	OF THE DEPARTMENT OF H	FULL WYDALYND SISUI	1000		
	1/16/69 kk	AAA97	CERTIFICATE OF DEATH	MORE, MARILAND 21201	. 5620		
4 _ 24	1 DECEASED NAME First	M·ddle	Lost	20 DATE OF DEATH	2b. HOUR		
deot nerol and deat	(Type or print) Ethel	V.	Zeigler	January 7	1969 Year 415 M		
DECEASED NAME (Type or print) DECEASED NAME (Type or print)	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS				
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ite t	160 WAS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL SECURITY	NO 17 INFORMANT	Address			
iffico hysil		or or dates of service)	621 John T. Biding	zer Box 339 Deer	Wings Mills, Md		
E W E E		The second secon			APPROX MATE INTERVAL		
# # #	PART I. DEATH WAS CAUSED	BY. Manufact		tion			
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rsic ospi certi hed of. o	21d INJURY OCC. RRED 21e.			City or Town	County State		
PH' ne h his etac Dep	While Not while	OFFICE BUILDING, ETC.	/		333		
NG the terminate of the transfer of the transf	22a. I certify that (I) (thi	s hospital) attended the decease	sed from Dec . 20 , 196	8 to Jan 7 19	69 , that (I) (we) last		
ed bed to the S	saw the deceased a	ive on Dec. 31	19 _ O and that in (my) (our) apir	nian death occurred on the do	ite and hour and from the		
to the transfer of the transfe		, (1) (we) (ala) (ala not) view ine	oody after death.	1 22/	DATE SIGNED		
DR / DE / DE / DE / DE / DE / DE / DE /	h	E Strike	DEGREE PHYS MI	ED STAFF			
AL (A b) by b conge file	22d PHYSICIAN S	GI OFFICE	22e ADDRESS				
FRA ERA Or, F	NAME (Type) Marti	n E. Strobel,	M.D. 59 Hanov	OF abdominal mass. 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Inter noture of injury in Port 1 or Port 2, Item 18.) No. City or Town County Stote OB ta Jan 7 , 1969 , that (I) (we) last appinion death occurred on the date and hour and from the DIRECTOR STAFF 1-8-69 OVER Rd. Reisterstown Md. 23d. LOCATION (City or Town) (County) (Stote) Randall stown Baltimore Md. D BY REG.STRAR 25b REG.STRAR S. SIGNATURE			
HOS ge 4 ectc	230 BUR AL, CREMATION, 23b C	DATE 23c NAME OF	CEMETERY OF GREMATORY	23d. LOCATION (City or Town)	(County) (State)		
5 5 5 4 V		n. 10, 1969 Wards	S Chapal	Randallstown	Baltimore Md.		
VR (IX)	24. FUNERAL DIRECTOR	ADDRES		REG.STRAR 256, REG.STRARS	SIGNATURE		
45M (356)	Loring Byers Cl	napel 8728 Libert	Road DAN 1	U 1969			



П	0062	, ()	DIVISION	OF VITAL RECORDS,		RESTON STRI		MORE, MARY	(LAND 21201	J862	1
T	DECEASED NAME	Firs	t	Middle		Last		2a. DATE OF D	EATH		25 HOUR
	(Type or print)	Ch	arles	Edward	3	Zink			Month Da	Year 69	11名W
3.	SEX male		4. RACE	ite		S. DATE OF BIR	TH L2 ,189		AGE (In years lost b thiday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
71	o. BIRTHPLACE (Sto	te or foreign		F WHAT COUNTRY?	8. MAPRIED	NEVER MARR		COUNTY OF D	04 10.		
C	auntry) Md		U. S		WIDOWED			Baltin	nore		Md
10	CITY OR TOWN			I NAME OF HOSPITAL OR IN:	STITUTION (If n		12a USUAL	OCCUPATION ((Ind of work done	12b KIND OF I	RUSINESSOR
	Catonsv	ille		SPRING GROVE		HOSP.			a, even if retired)	CASIFL	CIRICO
00	dmission) STATE	CE (Where deced	ased lived, if ins	Hillitan Residence before Balto.	Park		YES NO [_	et and number 2211 Tayl		
Ī4	FATHER'S NAME	Furst	Midd	lle Lost	1:	MOTHER'S MAI	DEN NAME Firs	st	Middle		Last
L		ymer		2,01		Louise	9			UNK	
1	6a. WAS DECEASED Yes, no, or unkno		RMED FORCES? wor or dates of service	16b SOCIAL SECURITY		NFORMANT			Address		
F	Mo			217-07-0		decords:	SPRIN	IG GROY	E STATE	HOSPIT	AL MIE INTERVAL
l	18. CAUSE OF	EATH WAS CAUS	ED BY	er line for (a), (b), and (c)	.) Lreinor	40 d	10.0 01	ladder			ISET AND GEATH
l	188	IMMED	TATE CAUSE (a) .		(a ko r	الم ما	me or	a guev		7	years.
l	Conditions, if	any, which gove	1) 117	OR AS A CONSEQUENCE OF		0					•
ı		liate couse (a), iderlying couse		OR AS A CONSEQUENCE OF			-			-	
П	last	identing coose	(c)							_	
	PART 2 OTHER			RIBUTING TO DEATH BUT N		THE TERMINAL	DISEASE OR CO	NDITION GIVEN I	N PART 3(a)	*	
ã	5	dremia		ouchopneum							
CEDITION AND A	190. DATE OF O	ERATION 19b	o. CONDITION FOR	R WHICH OPERATION WAS PE	RFORMED	20a. AUTOPS	SY? NO 🔀	CAUSES O	ES, WERE FINDINGS C IF DEATH?	ONSIDERED IN CE	RTIFYING
		WAS UNDERLY! IG □ CAUSE OF DE	ING 215 TIN ATH HOUR A	IE OF INJURY I.M. Manth Day Year	21c. H	OW INJURY OCCU	RRED (Enter i	noture of injury	in Port 1 or Port 2,	Item 18.}	
BALINICA1	5 (It either, nati	y medical exam	niner) P	5.W. [1	9						
-	While Na	while		RY (AT HOME, FARM, STREET, FAR OFFICE BUILDING ETC.					r Town	County	State
ı	22a i certi	fy that為) (t	his haspital)	attended the decease	ed from	eb. 21	, 19_6	27, ta1	. 3, 19	67 , that	(I) (we) last
	cause:	stated abav	anve an /e, (I) (w <u>e</u>) (c	attended the decease it. 5 lid) (did nat) view the	bady after	death.	i fant) abini	ian death ac	turred an the do	are and haur o	ind fram the
	22b. SIGNATUR		7	1	MD				22c.	DATE SIGNED	
		0.1	L T	irovoledes	DEGR	12		ECTOR .	STAFF PHYS.	1.3.69	7
	22d. PHYSICIAI NAME (Ty	oe)				22e. ADDRE			Maryland	E HOSPI	A A La
2/			DATE	192- NAME OF	CENTEDY OF	COCHATOOV		23d LOCATION			15.
12.	BORIAL CREMA	17K 7		969 ST J	CONTENENT OR	H'S CE	MELEN	4 KUI	(Lify or lown)	(County)	(State)
2	4. FUNERAL DIREC			7110 GEL	-0	20 2	JAN 6	REGISTRAR	2Sb. REGISTRAR S	Total V	7
	DIPP	EC BRI	02 140	7110 BEL	BIR	RO. "	MAN 6	1969	fliand	es judge	

MAKTLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00627 00622 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 20. DATE OF DEATH 2b. HOUR within 24 haurs after death (Type or print) JANUARY Month 21. Doy 1969 JOSEPH SEBASTIAN ZINSER 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER | YEAR IF UNDER 24 HRS MONTHS DAYS MALE WHITE MARCH 3. 1931 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED K SEPMARRIED 9. COUNTY OF DEATH ban papers. within 72 ha country) U.S.A. BALTIMORE MARYLAND WIDOWED DIVORCED T ompletely filled 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street address) JOSEPH HOSPITAL ban FIRE DEPT. TOWSON Fireman event 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before Car 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER ecuted Baltimore YES 3212 PUTTY HILL AVE. #21234 , and in any 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Angela M. Scheve e q Frank Zinser requires that the death certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, ar unknown) Yes (If yes give war at dates of service) 213-28-4547 (Same) Mr. Francis J. Zinser crematian, ar remova 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Staphylococcemia septicemia DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit burial, cremati Conditions, if any, which gave) (b) abscess of the pancreas rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Bronchopneumonia: Carcinomatosis directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta ATTENDING PHYSICIAN: The law 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING has CAUSES OF DEATH? YES TO NO. TO FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, EACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town State County While Not while of work 22a. I certify that (K (this haspital) oftended the deceased from January 5, 19,69, to January 21, 19,69, that (K) (we) last saw the deceased alive an January 21, 19,69, and that in (my) (aur) apinion death occurred on the date and hour and tram the retained couses stoted above, (1) (we) (did) (did not) view the body ofter deoth. 22b. SIGNATURE 22c. DATE SIGNED DEGREE DIRECTOR PHYS. TO HOSPITAL Page 4 may b 22d. PHYSICIAN'S 7620 York Rd., Towson, Md. 21204 Into Cilliani NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23d LOCATION (City or Town) (County) (Stote) Moreland Memorial Cemetery 1/24/69. Baltimore, Md. 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR Leonard J. Ruck, Inc. Balto. Md. 21214 DAILAN 22 PCliantes Indge

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